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The experience of work of allied health professionals employed by higher education institutions in England and its implications for them and their employers

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**The Experience of Work of Allied Health Professionals
Employed by Higher Education Institutions in England
and its Implications for Them and Their Employers**

Moir Elizabeth Helm

A thesis submitted for the degree of Doctor of Business Administration
(Higher Education Management)

University of Bath
School of Management

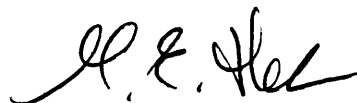
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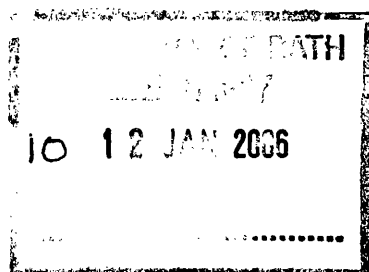
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Abstract

The study considered the experience of work of allied health professionals employed in higher education institutions in England. Academic staff from three disciplines were included in the study, namely occupational therapists, physiotherapists and radiographers. The sample was drawn from four higher education institutions in England. The institutions were selected on the basis of their type, that is 'old', 'new' or university college, in keeping with Watson's (2000a) typologies.

Perceptions were explored using a mixed-method approach. A survey was undertaken using a questionnaire based on the National Health Service National Staff Survey (Commission for Health Improvement, 2003a and 2003b). Further data was collected by conducting focus groups with academic staff and interviews with their managers. The study was underpinned by two models of human resource management, the Human Resource Architecture and the NHS Model (Mitchie and West, 2003) and the Bath People and Performance Model (Purcell, et al., 2003a). These models were used to structure the design of the study and the interpretation of results. Quantitative data were analysed using the Chi-square Test of Association. Qualitative data was analysed by identifying key themes.

Despite common external drivers, a pattern of difference emerged between the institutions and, to a lesser degree, the disciplines. These differences related to leadership and management and organisational culture and climate. These findings were found to be associated with respondents' perception of their employing institution, job satisfaction and organisational commitment. A critical finding, which was consistent across the institutions and disciplines, was that respondents worked significantly more than their contracted hours and felt they had to compromise their work-life balance to do their jobs. Additionally, despite statutory requirements to do so, the majority were not able to maintain their clinical capacity. Recommendations which followed from these findings included the need for a more strategic approach to human resource management and staff development in higher education.

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The NHS Survey files are protected by the authors and pagination had to be accommodated around this.

* Due to differences in page width minor changes have been made to the Pilot and Final Questionnaire with respect to layout and formatting. Content is unchanged.

and * The originals of the questionnaires were in colour. They are presented in black and white here to allow for possible future photocopying.

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Abbreviations

AHP	Allied health professionals
AMO	Ability, motivation and opportunity
AUT	Association of University Teachers
CHI	Commission for Healthcare Improvement
CIPD	Chartered Institute of Personnel and Development
COR	College of Radiographers
COT	College of Occupational Therapists
CPD	Continuing professional development
CPSM	Council for Professions Supplementary to Medicine
CSP	Chartered Society of Physiotherapists
CVCP	Council of Vice Chancellors and Principals
DBA	Doctorate in Business Administration
DfES	Department for Education and Skills
DH	Department of Health
HE	Higher Education
HEA	Higher Education Academy
HEFCE	Higher Education Funding Council for England
HEI/s	Higher Education Institution/s
HPC	Health Professions Council
HR	Human resources
HRM	Human resource management
HSE	Health and Safety Executive
ILTHE	Institute for Learning and Teaching in Higher Education
JVC	Joint Validation Committee
K	Knowledge
KIFs	Knowledge Intensive Firms
KSA	Knowledge, skills and abilities
NAO	National Audit Office
NATFHE	National Association of Teachers in Further and Higher Education
NHS	National Health Service
NU	New university
OC	Organisational commitment
OCB/s	Organisational citizenship behaviour/s
OCED	Organisation of Economic Co-operation and Development
OT	Occupational therapy
Physio.	Physiotherapy
QAA	Quality Assurance Agency
QAWL	Quality of academic working life
Rad.	Radiography
RAE	Research Assessment Exercise
SD	Staff development
SHA	Strategic Health Authority
SHRM	Strategic human resource management
StLaR	Strategic Learning and Research Advisory Group
TU	Traditional university
UC	University college
UCEA	University and Colleges Employers Association
UUK	Universities United Kingdom
WDDs	Workforce Development Directorates
WERS	Workplace Employees Relations Survey
WFOT	World Federation of Occupational Therapists
WTR	Working time regulations

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Chapter 1 Introduction

1.1. Introduction

This study is concerned with the experience of work of allied health professionals (AHPs) employed in higher education (HE) in England and its impact on them and their institutions. This linking of individual's perceptions of their experience of work and the outcome for them and their institutions potentially has important implications for individuals and their employers.

AHPs is a term used to cover a group of disciplines, previously referred to as professions allied to medicine. The study considers the experience of work of three AHP disciplines, namely occupational therapists, radiographers and physiotherapists, employed at three different types of higher education institutions (HEIs). The context of the study for the disciplines will be considered in this Introduction Chapter. The human resource management models underpinning the study will be identified. The theoretical and methodological considerations for the study will be briefly canvassed, leading on to a clear statement of the significance, objectives and key questions of the study. In Chapter 2, the Literature Review, the study will be set in the broader contexts of higher education and current thinking on human resource management.

The study is based on a mixed-method design, drawing from qualitative and quantitative paradigms. Respondents' perceptions of the employment relationship and their attitudes to their experience of work were explored by way of a questionnaire, interviews and focus groups. The views of their managers were canvassed in interviews. The questionnaire was developed from the National Health Service National Staff Survey (NHS Survey) (The Commission for Health Improvement (CHI), 2003a) (see Appendix 1 and 2).

The NHS Survey was chosen because it explicitly considered staffs' experience of work, their attitudes and their behaviours, and how these linked to their own performance and that of the organisation (Healthcare Commission, 2004a and 2004b). Methodological and theoretical considerations for the study are canvassed in greater depth in Chapter 3. This chapter also identifies the key variables and leads into a review of the results in Chapter 4. In Chapter 5 these findings are deliberated in relation to the literature, allowing for a detailed consideration of the subject studied, for some conclusions to be drawn and for the formulation of recommendations. Further areas for research are identified. In Chapter 6 I reflect on my experience on this programme.

1.2. The Context of the Study

There are a number of important contextual factors and considerations which are relevant as an introduction to the study. As noted earlier, AHPs are a diverse range of disciplines that, at present, include art therapists, chiropodists, clinical scientists, dieticians, medical laboratory technicians, occupational therapists, orthoptists, paramedics, physiotherapists, prosthetists and orthotists, radiographers, operating department practitioners, and speech and language therapists. Medical, dental and nursing practitioners are not part of this group.

The AHP disciplines fall under a statutory body, the Health Professionals Council (HPC). In common with most AHPs, the three disciplines considered in this study also have their own professional bodies, the College of Occupational Therapists (COT), the College of Radiographers (COR) and the Chartered Society of Physiotherapists (CSP). These bodies have requirements and guidelines for pre-registration degree programmes, which lead to registration with the HPC and the professional bodies, which may impact on academic staff. Equally, external factors, such as government policy and stakeholders' demands, were also considered relevant.

The need for continuing professional development in line with statutory body requirements for registration, particularly with respect to clinical work, is raised. These factors could potentially determine elements of job design and the demands made on the individual, and ultimately, the experience of work and staff performance.

It was felt that the experience of work may also be affected by the type of institution the staff were employed at (see Appendix 3 for Watson's (2000a) typologies). The study aimed to include an institution from each of the HE sectors, namely traditional university (TU), new university (NU) and university college (UC). Internal factors such as organisational climate and culture were also considered relevant. Somech and Drach-Zahavy (2004) identify interesting aspects to educational research comparing institutions, namely their reliance on knowledge workers, the complex relationships between professional groups, and across institutions, which are all relevant to this study. It was important to also explore employment in HE and knowledge intensive firms (KIFs), whilst also considering the role of changing demands on the nature and experience of work for academics from both traditional and more vocational disciplines. Boxall and Purcell (2000) state pertinently that "how to attract, motivate and develop workers with critical and scarce abilities, and develop effective processes of work organization, must be fundamental to any model of knowledge-based competition" (p. 183).

Becher (1995) notes the absence of research at what he describes as the "micro-level" or the "private life of universities" (p. 395) which he suggests would "have the wider relevance of a good novel or play ...portraying the lives and experiences of ordinary citizens" (p. 396). This study is interested in the "micro-level" of the experience of working in HE. However, it uses the micro-level of human resource (HR) practices, such as appraisal, in part, as a means to explore this experience and the employment relationship but not as the research focus as such.

With respect to HR practice, the study was interested in the “macro-level constructs” which impact on individuals (Ferris et al., 1998) and their experience of work. This was not without considerable challenge, as reflected in Bowen and Ostroff’s (2004) discussion of what they perceive as two connected methodological issues: the first is the need to analyse the “strength of the HRM system” and the second is the “individual-level perceptions of climate on collective constructs” (p. 216). Management, leadership, and particularly the impact of human resource management (HRM), on both the individual and organisational outcomes, are relevant too. These concepts and constructs are explored in Chapter 2, the Literature Review.

1.3. Models Underpinning the Study

The design of the study and the interpretation of the findings were structured by the use of two HRM models. One model, HR Architecture and the NHS (see Appendix 4), was developed by Mitchie and West (2003) and was used to underpin the NHS Survey. The other, the Bath People and Performance Model (see Appendix 5), was developed by Purcell et al. (2003a) in an effort to better understand the employment relationship and its impact on employee’s organisational commitment and organisational citizenship behaviour. Not surprisingly, the two models have much in common, as demonstrated in Table 1. Purcell et al. (in development, 2005) are currently updating the model and reference will be made to the new model as appropriate. These two models raise key areas for considering HR policies and practices, including staff development, the associated employment relationship, their potential impact on organisations and, particularly, how individuals experience work.

Table 1 Models of Human Resource Management

HR Architecture and the NHS (Mitchie and West, 2003)	The Bath People and Performance Model (Purcell et al., 2003a)
Work Context	Context
Physical Environment	External Environment
Organisational Culture and Intergroup Relations	Internal Environment
Resources, including Staffing	
People Management	
HRM Practices and Strategies	Recruitment and Selection Career Opportunity Job Security Performance Appraisal
Job Design, Workload and Team Work	Workload Job Design Career Opportunity Team Working
Staff Involvement Control over Work	Involvement and Communication Job Challenge/Authority
Leadership and Support	Front-line Management
Training and Development	Training and Development
Psychological Consequences for Staff	
Health and Stress	Work-life Balance
Satisfaction and Commitment	Job Satisfaction Organisation commitment Motivation
Knowledge, Skills and Motivation	Ability and Skill Motivation and Incentive Opportunity to Participate
Staff Behaviour	Attitudinal Outcomes
Absenteeism and Staff Turnover	Absenteeism and Staff Turnover
Task and Contextual Performance	Discretionary Behaviour
Errors and Near Misses	
Patient Outcomes	Performance Outcomes
Patient Care	

1.4. Theoretical and Methodological Considerations for the Study

The study has both a personal (Creswell, 1994) and professional (Robson, 2002) relevance to me. My experience, initially as an occupational therapy clinician, and subsequently as a manager of an academic department of allied health professionals, influenced my perception of the subject I have studied, as described in my reflection.

This had the potential to introduce bias (Oppenheim, 1992) but also to increase relevance. It caused me to want to find solutions to the problems I was experiencing in the workplace but I also wished to generate new knowledge, two features of what Robson (2002) describes as “real world enquiry”. While the subject of education for AHPs was very familiar to me, I wished to broaden my understanding of their experience of work, particularly in HE, adding to my “toolbag” (Robson, 2002).

I also wanted to consider the impact, if any, policy change, driven by government agendas and new HPC regulations, was having on this group of staff. This applied or “policy-oriented” research had the potential to “illuminate” policy issues and bring about change to practice (Gilbert, 2001). I decided that a mixed-method design, incorporating elements of qualitative and quantitative methodologies, was best suited to the objectives I wished to explore. I planned to use my findings to compare the experience of work of AHPs in HE with those in other sectors, using the findings of major surveys as a source. The theoretical and methodological considerations for the study are addressed in more detail in Chapter 3, Methods.

1.5. Allied Health Professionals

1.5.1. Governance of AHPs

Governance of the AHPs is dictated by legislation in the form of Orders made under Section 60 of the Health Act 1999. The Health Professions Council (HPC) replaced the Council for Professions Supplementary to Medicine (CPSM) and became operational in April 2002. It is a legal requirement that all professionals falling under the statutory body must achieve and maintain registration with the HPC to practice clinically, work in the education of students on programmes leading to registration as an AHP, research or management.

The HPC has published a number of key documents, including The Standards of Conduct, Performance and Ethics (HPC, 2003a), The Standards of Education and Training (HPC, 2004a) and The Key Decisions from our Consultation on Continuing Professional Development (2005). Each discipline also has Standards of Proficiency (HPC, 2003b, c and d). The Standards of Conduct, Performance and Ethics (HPC, 2003a) state that registrants must always keep their “professional knowledge and skills up to date”, continuing by instructing registrants to “maintain your clinical standards so that you are able to practice the basic skills of your profession safely” (Standard 5). The HPC requires that all registrants must be able to meet these standards of proficiency related to clinical practice, regardless of whether they are in clinical practice, management, education or research (HPC, 2003a, Standard 5). It also requires staff teaching on pre-registration programmes have “relevant specialist expertise and knowledge”(HPC, 2004a, p. 4).

The HPC also expects health professionals to “understand the need for career-long self-directed learning” (HPC, 2003b, p. 7). The HPC defines continuing professional development (CPD) as

“a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice” (HPC, 2004b, p. 28).

Coupled with this, the statements “the ultimate purpose of continuing professional development is to contribute to high-quality patient care” (HPC, 2004b, p. 7) and the “focus on an individual’s learning achievements and how these improve service delivery, either directly or indirectly” (HPC, 2005, p. 17) appear to leave little doubt as to the need for all registrants, including those employed in education or management, to retain their clinical knowledge and expertise, if they are to influence the delivery of high-quality care. However, in Statement 5 of the Standards of Conduct Performance and Ethics (2003a) the HPC does note that registrants must ensure that their knowledge, skills and performance should “be relevant to their field of practice”.

The HPC does not state how clinical capacity should be maintained and Ferguson et al. (undated but project undertaken in 2002) note that there is a debate about what “clinical activity” and “clinical credibility” mean and “whether it is necessary for lecturers to be involved in therapeutic work with patients” (p. 3). A physiotherapist being interviewed by the Therapy Weekly in 2005 stated that he believed that lecturers “have lost touch of modern employment and clinical practices” and “should be given a rocket and have some kind of mandatory clinical role, apart from teaching and research” (Evans, 2005, p. 9).

In addition to meeting the HPC Standards (HPC, 2003a, b, c, and d), the majority of AHPs also have their own professional body or association which may place additional demands on their members. These are usually for both education and practice. For example, HEIs seeking accreditation for their programmes by the COT, and through it, the World Federation of Occupational Therapists (WFOT), have to work to their respective curriculum guidelines and approval processes (COT, 2004a and b; WFOT, 2004). The professional bodies have also been keen to promote CPD, particularly with respect to clinical practice. How they have embedded this is reflected in similar ways across a range of documents, including codes of ethics, guidelines for accreditation and curriculum development, as reflected in the following examples of statements:

“Continuing accreditation at all levels of practice requires engagement in further development through the process of continuing personal and professional development” (The College of Radiographers, 2004, p. 6).

“The Chartered Society of Physiotherapists expects its qualified members ... to maintain and develop their skills, knowledge and competence in order to provide safe and effective practice through continuing professional development (CPD). There is a strong link between evaluation, learning and the enhancement of patient care and quality of service” (The Chartered Society of Physiotherapy, 2003a, p. 1).

“5.1.1. Occupational therapy personnel shall achieve and continuously maintain high standards of competence in their knowledge, skills and behaviour”

5.1.2. Each member of the occupational therapy profession has a duty to maintain their level of professional competence” (The College of Occupational Therapists, 2005, p. 14).

Pertinently, Fenech (on behalf of COT, 1999) notes that “Professional competency is ...a perishable commodity” (p. 15). This places particular demands on AHP academics with respect to their CPD, which would not necessarily be experienced to the same degree by academics from more traditional disciplines.

Meeting CPD demands is clearly the responsibility of the individual but this cannot be achieved without employer support. In a major survey of AHPs undertaken in 2002-3 researchers found that staff needed “enhanced support in the form of time, resources and guidance” (CSP, 2003b, p. 53). The project team clearly identified the need for employers to acknowledge and actively address this need. However, in a survey conducted by Therapy Weekly in December 2004, their respondents felt that they needed more support for their CPD, including protected time (Lovelace, 2004). The HPC (2004b) acknowledges that CPD activities engaged in by registrants will in part be dependant on the opportunities they have at work. They also note that in their consultation with registrants the “issue of employer support raised particularly strong comments” (HPC, 2005, p. 33) and state that they intend to put in place a communications strategy with employers (HPC, 2005).

In addition, the HPC has set a monitoring process in place for HEIs, which is intended to dovetail with the professional bodies and HEIs own monitoring processes (HPC, 2004c). All pre-registration programmes must be approved by the HPC (HPC, 2004a). Part of this approval process, and the ongoing annual monitoring process, includes a requirement for the HEI to provide information on the expertise of staff and their continuing professional development (HPC, 2004a). The Quality Assurance Agency (QAA) working in partnership with the Department of Health (DH), the HPC, the Nursing and Midwifery Council and the Strategic Health Authorities (SHAs), has also set up an obligatory major review programme for all HEIs which offer healthcare programmes (QAA, 2003).

Governance is not unique to health professionals and is common to other professions too. Eraut (1994), in discussing professional education and practice notes, somewhat cynically, that there is a move by the State from protecting citizens from the unqualified, to protecting them from the qualified professional. While few practitioners would question a need for accountability, there is a sense that the processes add to the burden of professional practice. The QAA healthcare programme review process does not exempt staff from other QAA monitoring, such as institutional audit.

An important point to note is that, for this group of academics, the HPC and professional body requirements are in addition to any requirement that their own institution may have for them to demonstrate competence and development in their academic role, such as teaching and/or research. When discussing CPD for academic staff employed in HEIs, Partington (2000) proposes three areas of professionalism, namely:

- “1. One’s professionalism in the subject ...which implies scholarship and research in keeping subject knowledge up to date and requires formal evidence of CPD...
2. The professionalism of the teacher in communicating the subject.
3. The professionalism of the manager in activities such as module and course leadership and other management tasks in support of academic practice” (p. 248).

HEIs have encouraged staff to seek membership of the Institute of Learning and Teaching, now the Higher Education Academy (HEA), which was only possible after experience in education could be demonstrated. Many HEIs now encourage new staff to complete a teaching qualification, which may be validated by the HEA. Another consideration is also raised by Hill et al. (2003) when discussing a similar dilemma for nurse educators. They suggest that nurse educators may be meeting the academic requirements for work in HE but at the expense of their clinical expertise. This tension will be explored further in Chapter 5, the Discussion.

1.5.2. Pre-registration Education for AHPs

Education for some AHPs has changed in recent years with a move from hospital or college based training at diploma level, to degree qualifications at university or university colleges. When criticising those against vocational programmes being offered by universities, Lord Robbins (1965) argued "that there can be no hard and fast line between the pure and applied, the academic and the vocational" (p. 152). However, Robbins (1963), understandably because of the time of his writing, did not consider the tensions this may present for those who might subsequently move from vocational backgrounds into education, where their clinical skills may not be valued in the same way as more traditional academic skills.

Education for health and social care professionals was restructured following the publication of the "Working for Patients, Education and Training, Working Paper 10" (DH, 1989), and the subsequent Council for Vice Chancellors and Principals (CVCP) and NHS Declaration (CVCP/NHS1996). This resulted in educational programmes being moved into the HE sector. Pittilo (1996) noted that the changes would result in a radical change in shape of the universities. This change was not welcomed by all, and even AHPs retained some scepticism, particularly amongst clinicians (Craik, 1995). However, the National Audit Office (2001) observed that for many HEIs, after the Higher Education Funding Council for England's (HEFCE) funding, NHS contracts were their second largest source of funding.

Canterbury Christ Church University was the first HEI in England to offer a degree programme for occupational therapy and radiography students, in 1987 and 1988 respectively. It is now an HPC requirement (HPC, 2004a) that the threshold entry point to the Register is a Bachelor degree with honours for the majority of the professions it regulates, including occupational therapy, physiotherapy and radiography.

Programmes are effectively based on what Henkel and Kogan (1999) describe as a “directed curriculum” (p. 71), in that professional and statutory guidelines and requirements not only determine curricula but they also require a cohesion and progression which guarantees knowledge and skills acquisition. Requirements include a stipulated number of hours which must be spent in active contact with patients or clients. While the exact numbers of hours differs between professions it tends to be in the region of fifty per cent of the programme hours, which run over an extended academic year. There has also been a move to running programmes twice a year, moving away further from the traditional academic year. Programmes increasingly are interprofessional, demanding collaboration across a number of disciplines. Academic staff usually visit students whilst they are on placement. Some institutions also employ practice placement facilitators or educators whose primary role is to enhance the number and quality of practice placements.

Pre-registration student numbers on AHP and other health and social care programmes are determined by Strategic Health Authorities (SHAs), working through their workforce development directorates (WDDs), who commission student numbers. Fees are presently negotiated by individual WDDs and HEI providers. Criticism was levied at this arrangement by the National Audit Office (2001) and the Audit Commission (2001) and they recommended it be revisited. As a result the DH and Universities UK (UUK) (DH/UUK, 2002) are putting in place a “single integrated budget”, which will result in a change to national benchmark fees. There have been delays but the plan will be implemented in the 2005/6 academic year.

Student numbers are determined by considering local workforce needs in the context of the NHS Plan (DH, 2000), which proposed significant increases to the health and social care workforce, including AHPs. The targets for therapists and other health professions staff were set to increase from 47,900 to 54,400 (6,500) between 1999 and 2004.

Coupled with this, between 1999 and 2004 there were to be 4,450 more therapists and other key health professionals in training each year (DH, 2001). These increases have implications for academic staff and their employers, including the supply of qualified and competent lecturers.

1.5.3. AHP Academic Staff

Increasingly and understandably, higher education institutions are insisting that AHP staff employed have at least a first degree. This continues to have implications for clinicians who may have considered moving from clinical to academic careers, some of whom despite holding significant clinical roles may still only be qualified to diploma level, which might preclude this change in career. This is in contrast to Robbins' (1963) view that "Nearly all university teachers are graduates" (p. 171). AHPs might, therefore, have followed a different route to that of the academic from more traditional disciplines, where a doctorate would be the usual entry route to higher education employment (Fulton, 1993; Davies, 1998). This could have an impact on "organizational and disciplinary socialization" (Becher and Trowler, 2001, p.47), particularly in institutions who have large numbers of staff from the more traditional disciplines.

As noted earlier, both the HPC and professional bodies provide guidelines on curricula, including staffing. This not only raises interesting questions regarding autonomy for AHPs in higher education, but also reflects the significant constraints these programmes operate under and the challenges these may present for managers. Butterworth et al. (2005) describe work commissioned by the Department of Health and the Department of Education and Skills in 2003, through a Strategic Learning and Research Committee (StLaR), to consider "the growing crisis in the educator and researcher workforce in the health, social care and education communities" (p. 85).

They identify three key areas for consideration, namely, strategic drivers, employment practice and the labour market/workforce intelligence.

The changes in the NHS referred to earlier also had associated developments for clinical staff, including proposals, amongst others, for modernising the workforce, changing how staff in the NHS work, improving their working lives, changing the pay structure and increasing emphasis on learning and development (DH, 2001; 2002a, b, and c). These developments have implications for HE and their AHP staff, as they may impact on how staff view the NHS as an alternative employer. Vassantachart and Rice (1996) found that clinicians in their small study of an American occupational therapy faculty made the move into academia because they had been exposed to and had enjoyed teaching. However, there must be a risk that HE staff may be attracted back into clinical careers.

As noted earlier, this study is undertaken in the context of a complex higher education system in England. Some key issues will be debated in Chapter 2, the Literature Review, concentrating particularly on HE in England but also considering the experience of academics in other parts of the world, acknowledging the increasing globalisation of higher education and its potential impact on HE (see for example Levin, 1999).

1.6. Objective of the Study and Key Questions

The objective of the study was to explore and explain the experience of work of AHPs employed in higher education institutions (HEIs) in England and its implications for them and potentially their institutions. A number of questions were identified in relation to the objective.

These were:

1. What impact does people management, individual characteristics and impressions of the employment relationship have on the individual's:
 - perceptions of their experience of work
 - sense of organisational commitment
 - organisational citizenship behaviour?
2. Are professional and statutory body guidelines and requirements having any impact on the employment relationship and the experience of work for this group of staff?

1.7. Purpose of the Study

The purpose of the study was to explore the experience of work of AHPs employed in three different types of HEI in England, with a view to establishing whether individual and/or institutional variables impacted on their experience. This was felt to be important because perceptions and attitudes have the potential to influence organisational citizenship behaviour, discretionary behaviour and commitment to the organisation. Behaviour as a result may in turn impact on the organisation's effectiveness, an important consideration for those managing higher education institutions employing AHPs.

1.8. Significance

The study allowed for an exploration of the experience of work of AHP staff in HEIs, which may have practical implications and relevance for staff and their managers, with respect to working practices and outcomes. While the study built on existing work referred to earlier, it had an important added dimension, namely that of staff from clinical (non-medical) disciplines.

The study also expanded on the small scale study undertaken by NAFTHE (2003) on what it described as "health educators", the substantial NHS Survey (CHI, 2003a), the Kinman and Jones' (2004) HE Survey and the Workplace Employee Relations Survey (WERS) (Cully et al., 1999).

This study looked particularly at a group of academics, AHPs, who have not previously been extensively researched. It also explored the implications employment in higher education has for AHPs as they respond to stakeholder, professional and statutory demands. These could have significant impact on HEI management, particularly in determining staffing levels, salaries and incentives, with associated implications for recruitment and selection of staff and ongoing performance monitoring and appraisal. The study looked for possible themes across different types of HEIs, highlighting commonalities and differences in approach to employment for this group of academics across the sector. The study also raised considerations around career planning, career opportunity and staff training and development, which are of a specific nature for staff from these disciplines. The study also identified factors, including work-life balance, organisational citizenship behaviour, discretionary behaviour and job satisfaction of academic staff, which may impact on their experience of work, and, ultimately, the quality of their work and their organisational commitment.

It also allowed for some comparison to be made between the findings of this study with the existing work on more traditional academic staff groups, as will be discussed in the Chapter 2, the Literature Review, and to employees in other types of institutions (see, for example, Purcell, et al., 2003; Cully et al., 1999). It also allowed for some comparisons to be made between employment of AHPs in education and the NHS, using the NHS Survey (CHI, 2003a). Potentially these all have important implications for the outcomes of individual and collective effort in an increasingly complex and competitive higher education environment.

It is evident from the preceding consideration of the context of the study that the employment relationship of AHP academic staff is a topic which warranted further research. The study had the potential to extend and develop existing work in this area.

1.9. Conclusion

In this introductory chapter the context in which AHPs work was explained. Consideration was given to pre-registration education and the challenges academic staff face. These deliberations were placed in the context of the external demands and drivers which may impact on AHPs, including those of statutory and professional bodies, particularly with respect to continuing professional development. The key theoretical and methodological considerations were outlined. The objective of the study, key questions, and the purpose and significance of the study were described.

In the following chapter the study will be put into a broader context, of higher education in England, including discussion on the nature of academic work. Institution types and organisational climate and culture will be explored. Detailed consideration will also be given to human resource management, including the employment relationship, psychological contracts, organisational citizenship behaviour and knowledge intensive firms. Links will be made between these important factors and leadership and management, and how they may impact on the individual's experience of work, including their work-life balance, ongoing professional development and organisational commitment.

Chapter 2 Literature Review

In this chapter the context of the study, higher education in England, will be set.

Consideration will be given to the nature of academic work, organisational culture and climate and leadership and management in higher education. Key areas of human resource management will also be explored.

2.1. Higher Education

Higher education is a changing environment, which increasingly has to respond to external demands and control (see for example, Pritchard, 1994; Altbach, 1995; Goodegebuure and Meek, 1997; Ryder, 1996; Barnett, 2003). Significant changes have been made to the sector, mostly driven by government, particularly since the 1980s. As Henkel and Kogan (1999) quite rightly note, academic staff are not “encapsulated from the influences of the wider socio-economic environment” (p. 91) and there has been a declining resource for HE over time. Government initiatives have resulted in significant increases in student numbers, from an ever-widening entry gate (Smith, Scott and Mackay, 1993), with different patterns of attendance (Schuller et al., 1999), and ongoing emphasis on audit and quality assurance (Taylor, 2001).

There is also an associated emphasis on teaching and excellence in teaching, with institutions being encouraged to become more specialised, as demonstrated in the Department for Education and Skills' (DfES) White Paper (DfES, 2003). The ongoing trends to massification, intensification and specialisation in higher education bring with them real challenges to staff and their managers. Blaxter, Hughes and Tight (1998) note that with massification other changes and pressures for the academic have resulted, including a decline in funding and an increase in ‘managerialism’ and accountability.

While the scope of this study does not allow for an in depth consideration of how higher education in the UK has changed (see for example Alderman, 1996; Bird, 1994), it is relevant to note that the historical development of the sector has impacted on HEIs today. Duke (2002) observes pertinently that “History is important. It is significant for institutional culture” (p. 35) and, therefore, warrants some consideration. Alderman (1996) effectively summarises the early developments as follows. The sector was dominated by traditional universities, where staff enjoyed a high level of autonomy and the emphasis was on scholarly endeavour until the 1960s. Following the Robbins Report (1963) polytechnics were developed, often from existing colleges (Brennan et al., 1999), with an emphasis on vocational and professional programmes. The very different types of HEIs functioned on either side of what became known as the ‘binary line’ or ‘divide’. There was a higher level of central control through the Council of National Academic Awards (Brennan et al., 1999). This move to control of the HE sector was a significant shift. This is demonstrated by Phillips and Harper-Jones (2002) when describing James Callaghan’s, the then Prime Minister, famous speech on higher education in 1976, as “a novelty”, as direct intervention in education by politicians was unusual at that time.

Some of the next major developments were the Educational Reform Act of 1989 and the Further and Higher Education Act of 1992, which were to technically abolish the divide by incorporating traditional universities, polytechnics or ‘new’ universities and colleges of higher education and institutes of technology into a single sector under the Higher Education Funding Councils (Ayres, 1994; Baimbridge, 1996). In a reflection on the time he spent as Deputy Secretary to the Department of Education and Science from 1980 to 1990, Bird (1994) acknowledges that the changes to policy introduced in 1980s were “unsophisticated” (p. 75) and “piecemeal” (p. 83).

Policy changes continued unabated in the 1990s. The emphasis in the late 1990s was on widening access, to encourage participation in higher education from a more diverse student base. However, sectorial differentiation was still noted by Morgan-Klein and Murphy (2002), and they comment on “the ghettoization” of newer universities as they responded to the more diverse student body. In 1998 individual tuition fees were introduced, adding a challenge to the widening participation agenda. This also resulted in an increasing interest in developing entrepreneurial activities, which could generate additional funds.

The 2000s have seen change to date too. There has been increasing emphasis on responding to local or regional demands, particularly with respect to widening participation in areas of regeneration. There have also been national changes, with increasing devolution of Scotland, Wales, England and Northern Ireland, including in education. A keynote speech by David Blunkett, the then Education and Employment Secretary, heralded further changes for the sector, including the introduction of foundation degrees, a vocational route into higher education (Blunkett/DfES, 2000). The DfES White Paper (2003) signalled further changes for the sector, including an acknowledgement of institutional diversity, which Brown (2003) suggests may not reintroduce the binary line but may result in a “tiered system”, although it could be argued that this already exists and is merely being acknowledged and even reinforced. Certainly the research assessment exercise (RAE) has contributed to this divide (McKenna, 1996) and will do so increasingly under the new system. The RAE impacts on institutional profiles and on their funding. In 2003, Margaret Hodge, the then Minister for Lifelong Learning, Further and Higher Education, issued a press release which indicated that the criteria for university title were to undergo a further revision, effectively opening the door for seven existing institutions and university colleges to apply for a change in status (Hodges/DfES, 2003).

2.1.1. Institution Types and Organisational Culture in Higher Education

Some of the differences between HEIs may be attributed to this historical development, in keeping with Barney's (1995) suggestion that organisations acquire "skills, abilities and resources that are unique to them, reflecting their particular path over time" (p. 53). In keeping with this view, Brennan et al. (1999) makes a strong observation, that "Like it or not, universities are typically differentiated in terms of prestige, with antiquity and research reputation being its primary determinants" (p. 7). In a critical review of the changes in the sector, Scott (1995) states a similar view, that "British higher education has become a mass system in its public structures, but remains an elite one in its private instincts" (p. 2). Likewise, Tight (1996) states "hierarchies remain, based largely on ... research and, latterly, postgraduate teaching" (p. 127).

Watson (2000a) provides a comparison of the 'ancient' and 'modern' university, as can be seen in Appendix 3. This straightforward comparison is useful in broad terms but does need to be considered in the increasingly complex and ever changing higher education environment (see for example, Jarvis, 2001; Barnett, 2003; Walker and Nixon, 2004). Clark (1998) notes the increasing impact of external demands on HEIs and provides a means of analysing institutions in terms of leadership, management, governance and culture. He identified five "pathways for transformation", namely a strengthened steering core, an expanded development periphery, a stimulated academic heartland or core, a diversified funding base and an entrepreneurial culture. Watson (2000b, in Henkel and Little, 2000) revisits his comparison and suggests the following revision:

1. "The international research university
2. The modern professional formation university
3. The curriculum innovation university
4. The (headquarters of the) distance/open-learning university
5. The university college
6. The specialised/single-subject college" (p. 333).

He also acknowledges that “hybrids” may develop. McNay (1995) provides a summary of what he considers to be the characteristics of four university models, namely collegium, bureaucracy, corporation and enterprise. He too acknowledges that “All four co-exist in most universities with different balances between them” (p. 106). Middlehurst (2004) further develops McNay’s (1995) models by identifying internal governance descriptors for each.

Not surprisingly, the perception that organisations differ by virtue of their history, their values, their leadership and management and current status, has led to considerable research into the nature and demands of academic work, particularly across different institution types. Significant surveys have been conducted in different parts of the world and some of the key ones will be reviewed. Lord Robbins (1963) chaired an inquiry into higher education in the early 1960s, the findings and recommendations of which were to lead to the major changes in the sector described earlier. The research included a survey into the way teaching staff used their time during a fortnight in February. The survey found that staff spent approximately one third of their time on teaching and another third on research. Administration was acknowledged but did not feature highly, suggesting an early benchmark for academic work. An increase in student numbers was recommended.

A further study looking at British academic careers and staff “orientations” was conducted by Halsey and Trow (1971). In the time since the Robbins report an increase in student numbers had indeed already commenced (Layard, King and Moses, 1969). The study considered the impact of the increase in student numbers on staff and found a perceived tension for staff between teaching and research. Of relevance to this study, is one of their conclusions, namely that “institutions of mass education must differ in fundamental aspects from the elite universities” (p. 464). They also recommended that universities place more emphasis on vocational programmes and service.

In a similar timeframe, the Committee of Vice-Chancellors and Principals (CVCP, 1972) considered how academic staff in “old” universities used their time. It should be noted that contracts in ‘new’ universities often state the number of hours staff are expected to teach but this is not the case in traditional universities (Court, 1996). The study was particularly interested in how much time staff spent on research, stating that it was no longer acceptable to assume that academic staff spent fifty per cent of their time on research. The CVCP (1972) also noted that there were a number of factors which had a bearing on how staff spent their working time, including the type of institution; its age, tradition and emphasis placed on research; the range of subjects taught and the balance of postgraduate and undergraduate students and full and part time students. In the Jarret Report (1985) it was additionally recommended that academic staffs’ time be managed effectively and changes be made to allow them to save time, for example by reducing attendance at committee meetings.

The Association of University Teachers (AUT) commissioned a report into the use of time by staff in ‘old’ universities. Court (1996) draws a number of conclusions on the survey, noting that there had been a significant increase in time spent on administration. He attributes the changes in working patterns to a number of factors, including the increase in student numbers, the decreasing funding resource, the research assessment exercise and the quality assurance demands. In a similar time frame, Rowley (1996) saw a shift in culture between the “true” universities and the more modern HEI, but she did note importantly that staff were put under different pressures depending on which they worked in, particularly with respect to the emphasis on teaching or research.

Variations between institutions in the sector are also noted in other parts of the world. While Enders (1999) notes differences between academics in the six countries he surveyed, namely England, Sweden, Japan, USA, Germany and Holland, he also observes common concerns and challenges.

Concerns identified by Enders included the impact of the internal and external demands on academic staff, their management and their associated job satisfaction. Of relevance too, is a study by Bellamy et al. (2003), researching job satisfaction amongst Australian academic staff. They noted that the university sector was increasingly homogenous rather than diverse. This is in contrast with an earlier study by Taylor, Gough, Bundrock and Winter (1998) in which they survey the perceptions of academic staff at three institutions which they consider to be representative of the types of institutions in Australia. They conclude that changes in the sector, including limitations in academic freedom, an increase in management, a more market-driven environment, more quality audit processes and conflict for research funding, were resulting in “new divisions in the unified sector” (p. 255). Also commenting on working in Australia, Blackmore (2002), notes differences in expectations between the various types of HEIs, including corporate and entrepreneurial HEIs. A common ground is suggested by Goodegebuure and Meek (1997), when they present their empirical examples of HEIs, which they argue could be “selected to support either stance” (p. 317).

The concept of academic identity can be linked to a number of factors, including the type of institution in which the individual is employed. Henkel and Vabo (2000), in a book considering academic identity, suggest that the discipline and the HEI are the “main institutions or communities within which academics construct their identities, their values, the knowledge base of their work, their modes of working and their self-esteem” (p. 22). For the professional groups being considered in this study it would seem fair to use Brennan et al.’s (1999) description of applied disciplines, which draw from a range of other disciplines for their knowledge base. In the case of these disciplines there is some sharing or overlap of the knowledge base, which has resulted in shared or interprofessional curricula for pre-registration programmes and the development often of cross-disciplinary departments, schools and faculties.

Finally, despite the changes to a more unified structure of higher education in England, the legal and institutional frameworks which govern their work differ and are dependent on whether they were universities established by Royal Charter or institutions, including most of the post-1992 universities, which were established as higher education corporations (Tomkins et al., 1998). Governance too would be expected to have an impact on the way an institution is managed, impacting on the experience of staff, in that it effectively results in what Hoff (1999) describes as “a dual control system”, in which trustees or governors articulate with senior leaders to work within the legislative and regulative demands. This coupled with faculty structures makes for a structure which Hoff argues is more complex than that found in many industrial organisations. She argues this also results in a loss of speed in responding to change, with an increased laboriousness.

2.1.2. Massification and Intensification

The steady growth in student numbers since the 1960s has resulted in what is now commonly referred to as the massification of higher education in the UK (see for example Miller, 1995). It has been suggested that there is a need to understand the implications of massification at a “meta-economic level and as a cultural phenomenon” (Barnett, 1997, p. 2). There was a 70 per cent increase in full time students between 1989 and 1995 (OCED, 1998). As noted earlier, there has also been an increase in health student numbers. Targets for participation have been part of this process across the sector. A target of one in five 18 year olds participating in higher education was set in 1990, to be increased to one in three by the year 2000 (Miller, 1995).

Coupled with massification, there was a call for diversification of the student body. Scott (2001) describes the British HE as “a truly mass system with 1.8 million students” (p. 191). He noted that 53 per cent of the students were women.

In 1999, Tony Blair, as Prime Minister, set an even more ambitious target for the sector, in which one out of every two people aged under 30 years of age were to enter higher education (DfES, 2003). While academics may, as Henkel (1997) suggests, accept the “necessities” of massification and accountability, it does have consequences for their work, which needs to be managed. Not only have there been significant changes in student numbers and profiles there have also been radical changes to how programmes are delivered more flexibly, using a wider range of delivery patterns and methods of teaching (Schuller et al., 1999). Despite this, Scott (2001) notes that more than half of the students in the UK in 2001 were still studying full-time for a first degree.

2.1.3. Audit and Quality Assurance

As has been noted, with the challenges of massification also came a drive to increase accountability through various audit and quality assurance processes. While the importance of audit can not be disputed, Altbach (1995) suggests that “there is no way to measure accurately the educational outcomes of teaching” (p. 28). In a similar vein, Trow (1992), states that “Education is a process pretending to be an outcome... [which] makes all measure of educational outcomes spurious” (p. 223). However, Braskamp and Ory (1994) argue that detailed assessment of academic staff performance can be undertaken and needs to include the perspective of “students, clients, patients and colleagues” (p. 216). Whether a true reflection of quality or not, this emphasis on stakeholder involvement in quality assurance and audit is now an important part of audit and is echoed in the Department of Health’s demands made on higher education, as demonstrated in their new audit processes, referred to earlier.

It has already been noted that pre-registration programmes for AHPs are also required to undergo approval and monitoring by the Quality Assurance Agency (QAA, 2003), on behalf of the Department of Health and the HPC. This emphasis on accountability and audit is not, of course, unique to education or health. In a study of quality assurance for six professions, Becher (1999) noted that while interview participants would not have contested the need to demonstrate ongoing professional competence, they found the processes "burdensome, costly and time-consuming" (p. 234). This growing concern about the demands made on staff in HEIs with respect to quality assessment and assurance, is shared by many, including Pritchard (1994), Alderman (1996) and Rowland (2002). Alderman (1996) speaks of the "preoccupation" and Rowland (2002) of the "obsession" associated with audit. An increase in workload and support for the 'long hours' culture' is also linked to quality assurance by Morley (2003). Institutions also have to undertake detailed risk assessment management (Tumbull, 1999; CUC/HEFCE, 2001).

Over and above these demands made on staff, Taylor (2001) identifies an associated risk. She suggests that performance indicators may result in "dysfunctional" behaviour, in which the emphasis for academics moves from their "functional goals" to a short-term view of their work, directed at meeting the criteria measured by the indicators, rather than considering its long-term benefits and their associated development needs. In a similar vein, Bowden and Marton (1998) warn that the increasing emphasis on accountability does not necessarily result in improvement, particularly of the student experience, and could, therefore, be counter-productive. While there is considerable debate about the impact of audit and quality assurances processes, in commenting on the DfES White Paper (2003), Brown (2003) proposes that there is likely to be increasing regulation and monitoring. It cannot be avoided and Henkel (1997) argues convincingly that the external audit and its "visible consequences" are no longer individual or discipline matters but that they are "a function of ... [a] department's and institution's competitive success" (p.141), a clear consideration for academic staff and their managers.

2.1.4. Reducing Resources

On the one hand the successive governments have required HEIs to cope with increased student numbers, a widening entry gate and an increase in control and audit, on the other, they have steadily reduced the resources available to them. Justifying the Government's involvement in HE, and funding in particular, Bird (1994) argues that it would be impossible for smaller HEIs to be self-sufficient. However, the matter is not simple and managing steadily reducing resources is a problem across the sector. In the period from 1989 to 1996, while the student population increased by 87 per cent, funding per student dropped by 33 per cent (Bowden and Marton, 1998).

Miller (1995) describes how these cuts occurred. They were marked from the mid-1970s, as national and international economic pressures increased. Block grants from the government decreased from 77 per cent to 55 per cent of total university income between 1974 and 1987. A change in government from Labour to Conservative in 1979 accelerated the cuts further. The funding mechanisms changed in 1986, moving to a formula based on student numbers being taught and an independently, periodically assessed, research assessment exercise (RAE), resulting in further reductions. Pritchard (1994) argued that "the constant attempt to 'get more for less'"(p. 261) brought with it a threat to the quality of teaching and research. The RAE is described by Talib and Steele (2000) as a "budgeting exercise tool" (p. 68) allowing for the "maximisation of funds received as the objective of strategy games" (p. 85). Once again there are human costs, not only for staff but potentially for students.

The White Paper (DfES, 2003) acknowledges that the sector has been under-funded. While the introduction of top-up fees and changes to research funding will have an impact, Brown (2003) questions whether there will be a real change in the level of funding available as result of these changes.

The current changes to the fee structure heralds a significant shift in practice, however, Tight (1996) argues that there has been a clear shift from state to the consumer with respect to carrying the costs of higher education over the last forty years. While health students have a different funding system, as noted earlier, the impact on the institution will not make them immune to the effect of these changes.

2.1.5. Management and Leadership in Higher Education

The response to these various demands and challenges is clearly a matter of interest. Management and leadership in higher education has been the subject of a growing body of research, focusing at various levels of management within HEIs. Dearing chaired a National Committee of Inquiry into Higher Education in 1997 and the Report on the Inquiry includes a strong statement about higher education and its staff, stating:

“The health of higher education depends entirely on its staff, whether academic, professional or administrative” (Dearing, 1997, p. 24).

The Report recommends that the “pay, conditions of service, work practices and the use of human resources” (p. 25) in higher education be reviewed. However, in-depth consideration of human resource management (HRM) and strategic human resource management (SHRM) seems to have been somewhat limited.

An understanding of current issues in university management and leadership is an important but complex consideration. When debating the difference between management and leadership, Hoff (1999) describes HE as being in a “transformational” and “volatile environment” (p. 317) which needs both. Fundamental to this discussion is a view of the nature of academic institutions. Gumport (2000) proposes that HE has changed from being “a social institution to an industry” (p. 67). She argues eloquently of the risk of the loss of higher education as a “notion ...for dissent, ...for creativity and the life of the mind” to the “logic of managerial production” (p. 79).

She describes the implications this shift has in terms of “formidable legitimacy challenges” (p. 85), which are difficult to reconcile, while also acknowledging that the “Harsh economic challenges and competitive market pressures warrant better management” (p. 71). When considering external challenges and accountability, Bargh et al. (2000) suggest that vice chancellors are “both a conduit and a filter between the institution and the wider community and state” (p. 93) but also act as:

“initiators or interpreters of the wider mission adopted by higher education; as mediators between their institution and national and international systems and market forces; and as managers of complex organisations” (p. 153).

When discussing the work of academics, Barnett (1992) raises the ‘academic community’ and what he considered to be the “problematic” concept of managing this. He bases this argument on his view that the main activities of an HEI are teaching, scholarship and research, which he does not believe can be managed by senior staff. He does, however, suggest that there are areas that can be managed, such as finance, but that other areas require leadership. A counter argument would be Diez-Hochleitner’s (1997), that the professor must not only be active in their traditional roles but will also need to embrace being the “administrators of higher education in the future” (p. 54). However, Middlehurst (1993) is of the view that leadership in HE is often viewed negatively and, therefore, “under-valued” (p. 177). In a constructive analysis of the collegial and managerial debate, Dearlove (1997) proposes that leadership needs to be reinforced in the middle, to put in place “a mesh”, linking top down and bottom up approaches.

In a very clear overview of management and leadership, Henkel (2002) draws on the findings of two major studies. She observes that as the focus of government attention on knowledge and learning has increased, they have become “key economic and social drivers” (p. 29). She continues by noting that this shift in focus resulted, as has been noted earlier, in increasing emphasis on quality assurance, and equally significant, efficiency.

In a similar vein to Hoff (1999), she notes a move to a more competitive, market orientation within HEIs. In an earlier work (1997), she describes HEIs as having adopted a “new public management” style, with an associated emphasis on strong leadership and a move towards “centralised decentralisation” or devolution of responsibilities with the retention of some central control (p. 137).

On the one hand, while there has been criticism of the move to a more “managed” academic environment (Dearlove, 1997) and “managerialism” (see for example, Eustace, 1994), on the other, the challenge for managers is acknowledged (Jackson, 1999; Hellawell and Hancock, 2001; Hancock and Hellawell, 2003). Taylor (2003) describes managerialism as “the petty and self-perpetuating creation of needless bureaucracy and anti-professional controls that are presently rife within higher education” (p. 5). The real challenge in the multi-faceted employment of academic staff is to achieve what Kogan, Bauer, Bleiklie and Henkel (2000) describe as “...a proper balance between centralisation and decentralisation, between internal (academic) influences and external (corporate and/or market-dominated) influences, between organisational stability and flexibility, all in order to maximise the capacity for institutional development within a framework of state control” (p. 202).

This requires different responses at different levels within the institution. Blackmore (2002) describes a change in role of academic staff to one which requires them to generate funds and attract students, while the “core work of universities is becoming the management of knowledge work by generic non-academic managers” (p. 427).

Whitchurch (2004) provides an interesting depiction of the development of the role of the administrative manager, drawing on the seminal works of Clark (1998) on the academic heartland and McNay (2000) on HE communities, referred to earlier. She notes that the “binary division of institutions into academic areas of activity, and ‘an administration’ that served them, has been superseded by more complex, multi-dimensional models” (p. 296).

However, Henkel (2002) notes that academic staff “in the basic unit are the drivers of institutional success” (p. 34), who may feel as if they are working in opposition to their managers. Davies (2001) adds another dimension, particularly for traditional universities, which he describes as undergoing “a revolution in teaching and learning” (p. 501), arguing sensibly that this will impact on human resources and the organisation. Gumpoort (2000) takes this even further, noting that academic managers “diagnose and prescribe organizational well-being” (p. 76). Middlehurst (2004) observes the increase in new roles which may span larger units, such as “Executive Deans, Heads of Divisions, Heads of Colleges” (p. 274), which may be across disciplines or areas of activity. This has implications for both the post holder and their immediate employees.

Jackson (1999) suggests that the line manager in HE is the head of department or school, who is required to manage resources, in a climate of increasing external demands, audit and scrutiny, while also responding to internal targets and the demands of running a department which is performing effectively. He also observes that the head of department is not likely to have the power to determine rewards, including financial, and is also constrained in the actions they can take to deal with poor performance. Johnson (2002) refers to “manager-academics” (p. 33), including pro-vice chancellors, deputy vice chancellors and heads of department, noting that the head of department is not only “concerned with financial planning, human resource and performance management, and with procedural, technical and legal issues” (p. 39) but also needs experience in teaching and research to understand the nature of academic work and the “cultures, structures, processes and communities of the academic institution itself” (p. 39). This would link closely to the concept of academic leadership, which Rowley (1997) describes as being “characterized by personal academic achievement... [with] in some sense, responsibility for the academic development of others” (p. 78). Blackwell and Blackmore (2003), however, caution against staff development only focussing on teaching and student learning.

Rowley (1997) debates the meaning of academic leadership in HE today and concludes that academic leadership is centred around individual achievement, while organisations today may need leaders who are able to “focus on environmental assessment, leading change, viewing human resources as assets and liabilities and achieving coherence” (p. 84). Middlehurst (1993) describes leadership development as ranging from “systematic to the accidental, and from basic to sophisticated in terms of design and outcome” (p. 176). However, Jackson (1999) observes that the head of department may be “seen as a manager of performance but he/she rarely has the skills, training or levers to carry out this function” (p. 148). Johnson (2002) makes similar observations regarding development of heads of department, noting that the majority of respondents in his study reported feeling that they had not had adequate preparation or training for their role. Jackson (1999) also notes the differences between heads of department in permanent posts, such as usually the case in new universities and university colleges, and the rotating head in the old university. The particular challenges of maintaining career development in “swivel chairs” is noted by Gmelch and Miskin (1995). While much of the research focuses on academic leadership, Blackwell and Blackmore (2003) call for more strategic human resource development in HE, with a “mutual and reciprocal relationship between SD (staff development) and corporate strategy” (p. 5). They also note the need for this to relate in “a strategic partnership” with human resource management.

2.1.6. The Nature of Academic Work

Academic work has undergone considerable scrutiny over the years. Moses (1993) proposes three variables for the consideration of academic work, namely “where in the academic hierarchy a person is entering the academic profession, in which discipline the appointment is, [and] in which institution type the appointment is” (p. 174).

A similar view of the hierarchical nature of academic work is expressed by Altbach (1995). However, these variables fail to consider the employment relationship explicitly, which it is suggested may be affected by the roles staff are expected to undertake. Academic work does not lend itself to easy definition. In a fairly simple and possibly narrow view, Elton (1992), states that academics engage in three activities, namely teaching, research and scholarship. In a more comprehensive perspective, Blaxter, Hughes and Tight (1998) argue that "academic work tends to invade and affect all aspects of life" (p. 282). They propose five potentially overlapping roles for academics, namely, "teaching, researching, managing, plus writing and networking" (p. 281). They provide definitions of each of the roles they identify, although some of these could be debated. Fulton (1993) considers the key feature of the academic profession to be complexity. He identifies five potential roles for academic staff, namely teacher, researcher, leader, consultant, manager/administrator and/or income generator/fund-raiser. The distinction between leader and manager/administrator is an interesting one, as will be discussed further. For clinically based disciplines, there is also the role of clinician.

An investigation of staff attitudes to work in American universities was undertaken by Blackburn and Lawrence (1995). They identified academic staff roles as teaching, research, scholarship and service. Blackburn and Lawrence's (1995) separation of research as an "activity that leads to a concrete product" from scholarship, which they described as "professional growth - enhancing [staff's] knowledge or skills in ways which may not necessarily result in a concrete product" (Appendix H, p. 1) is pertinent. The challenge of managing the different roles for what may be considered as traditional academics is also raised by Coate, Barnett and Williams (2001).

2.1.7. Recruitment and Selection, Pay and Conditions in HE

Academic work could be influenced by a number of HR practices, including recruitment and selection. Cully et al. (1999) suggest that the recruitment method used is a “good indicator of management style, and at very least, can tell us something about the formality of the employment relationship” (p. 60). Of notable relevance to this study are the findings of the IRS Research in 2001 (IRS, 2001), which found that while recruitment and retention of academic staff was an issue across the sector, it was particularly difficult in a small number of disciplines, including AHPs. The challenge to recruit staff and the inevitable shortfall as higher education expands world-wide was acknowledged by El-Khawas (1993) more than a decade ago. The demand has subsequently grown, associated with massification. However, this increase in demand presents particular challenges in the recruitment of staff from certain disciplines, particularly AHPs.

In 1998 the Association of University Teachers (AUT) published the findings of a survey which Court (AUT, 1998) undertook for them, in which appointment and promotion opportunities for British academics were considered, according to the type of institution in which they were employed. An increase in emphasis in appointments across the sector was felt to be on research “at the expense of teaching” (p. 43). This is important for AHPs who may not have a research background, as noted earlier. In addition to difficulties in recruiting suitably qualified AHPs to higher education, staff and their managers may also be challenged, as raised earlier, by the need to be up-to-date with clinical developments in their disciplines.

Another consideration is the criteria for promotion and reward. Gender differences, in favour of males, were noted by, for example, Toren and Moore (1998), Forster (2000) and Alexander (2001). This may be relevant to the predominantly female workforce in the AHPs.

Salary is another important consideration. In 1990 Lord Beloff undertook a scathing review of the declining funding in HE, both retrospectively and prospectively. When undertaking an historical overview of funding in HE in the UK, Johnes (1997) notes the government “slammed the brakes” on UK funding in 1993. However, Stiles’ (2000) overview supports the argument put forward by Beloff that while there were significant structural changes in the sector there has been a pattern of declining resources from the 1980s. Henkel (1997) discusses the “unease” staff felt with a changing environment and set of demands, versus “deteriorating conditions, particularly of financial support” (p. 141). Linked to this is staff development and human resource strategy. In 2001 HEFCE invited HEIs to apply for funding to support “the development and implementation of higher resource strategies” (HEFCE, 2001, p. 2) and for the creation of staff development opportunities. Despite these developments, these issues continue to impact on employees in HE. However, there have been more recent national changes (UCEA, 2002) and a Joint Negotiating Committee for Higher Education Staff has worked on pay modernisation for academic staff. While agreements are made locally there is a new common pay spine, linked to a job evaluation scheme and the option of performance related pay.

Performance related pay adds another dimension for staff and their managers, particularly with respect to the role of appraisal (Shelley, 1999). In a survey of 88 HEIs in the UK, Gibbs (1995) noted different criteria for promotion across the HEIs. He was particularly interested in the measure of excellence in teaching as a criterion for promotion, which he found was only used by 12 per cent of the HEIs he surveyed. In 1996, Nixon echoed a similar concern and called for teaching to be recognised as an important area of expertise for the university lecturer, linked to promotion and reward. Equally, Ramsden and Marten (1996) make a similar appeal for teaching to be recognised in Australian universities. However, Shelley (1999) notes that while some progress has been made, performance related pay is not consistently offered in HE in the UK.

“Golden hellos” (HEFCE, 2003) have also been introduced to encourage recruitment in some disciplines experiencing difficulties with recruitment or retention.

These challenges are not unique to the UK. In an article critical of the government steer of HE in Australia, Wood and Meek (2002) identify similar issues with funding and the increasing emphasis on audit. In a survey of American academics, Comm and Mathaisel (2003) found that 51% did not believe they were fairly compensated.

Clearly there is a need to consider HRM policies and their implementation in higher education in a structured way, explicitly linking these to leadership and management, the employment relationship, individual’s experience of work and organisational outcomes. Using the Mitchie and West (2003) and Purcell et al. (2003a) models referred to earlier, some key areas for consideration can be identified.

2.2. Human Resource Management

Human resource management (HRM) is a complex subject which has been extensively researched, resulting in often very different opinions and schools of thought. For this study, it is important that some key concepts are considered. The critical considerations centre around the potentially mediating factors on the employment relationship and the resultant individual’s experience of work and their engagement in their work. Clearly, the interest in the individual should be linked to positive outcomes for the organisation, or strategic human resource management (SHRM). This is not a simple consideration in the not-for-profit higher education sector.

Current thinking on HRM and, in particular, SHRM, provides a backdrop for the consideration of the individual’s experience of work. There are a number of definitions and explanations of HRM and SHRM.

Boxall and Purcell (2000) propose that "HRM includes anything and everything associated with the management of the employment relationship" (p.184). They also insist that management is concerned with all groups in an organisation, that is, management of managers too, and is a part of all management jobs, not just of those in HR specialist roles. Importantly for this study, they (2003) also observe that HRM is directed at the management of "*work and people*" (p. 5, italics in original) in an organisation. They add that if HRM is to be strategic it must be linked to outcomes or "organisational effectiveness", allowing for the identification of how some firms manage their workforce more effectively than others. However, Becker and Huselid (2003) recommend that HR effectiveness should be benchmarked against an organisation's "*own strategy*" (p. 58, italics in original) rather than in comparison with other organisations. There is merit in both arguments. Boxall (2003) also acknowledges the need for organisations to benchmark themselves against others in the same industry or across groups within a given organisation. By looking at the same disciplines across HEIs and different disciplines within any one HEI this study hoped to allow for some comparison in this way.

Pfeffer (1994) makes a critical link between organisations and management of the work force and competitive advantage. He provides a diagnostic framework for managers to use to consider policies and practices within their organisations. He summarises by suggesting that there are "two fundamental elements" to consider, namely:

- "1) to what extent are the organisation's policies and practices for managing the workforce internally consistent with each other?
- 2) to what extent are the policies and practices likely to produce the skills, competencies, attitudes and behaviors necessary to execute the organization's intended strategy?" (p. 227).

Again linking HRM to outcomes, Storey (2001) defines SHRM as:

"Human resource management is a distinctive approach to employment management which seeks to achieve competitive advantage through the strategic deployment of a highly committed and capable workforce using an array of cultural, structural and personnel techniques" (p. 6).

In a similar vein, Purcell (1995) takes the consideration of SHRM to what appears to be a logical conclusion when he proposes that there must be a demonstrable "link between policy, practice and organisational outcomes" (p. 84). This emphasis on the impact of HRM on outcomes begs the long standing question as to how the relationship between HRM and outcomes can be measured? Purcell et al. (2003a) refer to the difficulty in establishing "why and how HR policies translate into performance ... the 'black box' problem" (p. 2). In an earlier work, Boxall and Purcell (2000) refer to the previous interest in key elements of HR practice, namely selection, training, appraisal and pay, and describe them as the "tired constructs from personnel psychology" which are "silo-based" and best avoided in research in this field. More recently, Purcell et al. (2005, in development), note that while current research into the input-output model may reveal a link between HRM and outcomes, it does not explain the associations, if and when found. Bowen and Ostroff (2004) also suggest that there needs to be a shift from considering separate HRM practices on employee performance to a more "macro" focus which considers "the overall configuration or aggregation of HRM practices" (p. 203). They convincingly argue that "HRM practices, as a system, can contribute to firm performance by motivating employees to adopt desired attitudes and behaviours that, in the collective, help achieve the organization's strategic goals" (p. 204). With the move away from considering discrete HR practices, or indeed "bundles" of practices (Macduffie, 1995), there has been an increasing emphasis on the need to consider how HRM supports an institution's strategic vision and achievement of competitive advantage. Boxall and Purcell (2000) conclude that SHRM theory needs to:

"link debates about the kinds of market regulation and social capital that are needed to offer more secure, more rewarding, work for a larger section of our society... because of the widespread concern over income inequalities, worklife balance, and social fragility in the 'knowledge economy'" (p. 199).

This linking of external factors to the individual's experience is critical.

There is an acknowledged need to recognise the impact of internal and external factors on SHRM on three levels: national, sectoral and organisational (Boxall and Purcell, 2000), allowing links to be made between the internal and external environment, HR policies and practices, the individual employee and the outcomes for the organisation.

The higher education context does present particular challenges to the measurement of outcomes not least because, as Henkel and Kogan (1999) pertinently put it, "The prime mover in academic production, the individual academic, is a bizarre organizational and political phenomenon" (p. 81). League tables abound in HE but they are not helpful in understanding the practices which underpin the day to day workings and successes and failures of an institution although they may say something about organisational outcomes. In addition, while league tables do report on a range of indicators they do not comment on efficiency (Oswald, 2001) or employee satisfaction. Purcell et al. (2000) suggest that employee satisfaction is an equally valid measure as customer satisfaction, a commonly used measure of HR impact on outcomes. It is this emphasis on the link between HRM strategy and practice to the individual and their experience of work which is particularly relevant to this study. This is in keeping with Boxall and Purcell's (2003) emphasis on the need to consider the whole of the organisation's work and people management, while critically also considering the needs of the individual. Purcell et al. (2005, in development) propose that research should concentrate on employee's perception of HR practices in an effort to understand their effect on "behaviour, especially discretionary behaviour" (p. 5). This would allow for an understanding of what Purcell et al. (2000) described in an earlier work as "the connecting rods inside organisations" (p. 31), which they argue might link people management and performance.

2.2.1. The Employment Relationship

The employment relationship is a useful construct for considering the individual against the background of the organisation and the broader context in which they function.

Following a historical review of employment, Pfeffer (1994) suggests that the employment relation was the “dominant” model used to organise work in the 20th century. He describes “The essence of the employment relations” as “that there is someone else beside yourself who cares about your level of performance” (p. 122). Cully et al. (1999) provide a useful qualification of the employment relationship, stating that it is “likely to be characterised by a complex set of values, some based on mutual goals, others underpinned by contrasting and sometimes conflicting expectations, agendas and priorities” (p.137). It has been suggested by Keep, Storey and Sisson (1996) that the employment relationship in higher education is not managed effectively, with a tendency to rely on stand alone practices, such as appraisal. They suggest that no-one is “taking responsibility for managing the totality of the employment relationship” (p. 36). While this may have changed to a degree in the ensuing period, there would appear from the more recent literature to still be an issue with aspects of HR management and staff development in some HEIs (see for example, Trowler and Knight, 2002; Blackwell and Blackmore, 2003; Middlehurst, 2004; Kinman and Jones, 2004).

2.2.1.1. Contracts

The employment relationship develops within the boundaries of different types of contracts. These need to be considered with respect to how they impact on an organisation’s performance. In a similar way to the work referred to earlier on SHRM, Fulmer et al. (2003) state that “Being an attractive employer may create an important intangible asset, positive employee relations, that differentiate firms in a value-producing way” (p. 987).

Importantly, Boxall and Purcell (2000) state that “The most fundamental principle in labour management is the ongoing need to align management and worker interests in firms, at least at the level of a contract that meets the base-line requirements of both parties” (p. 192). In a later work (2003) they explore the organisation’s broader obligations or need for social legitimacy, proposing that organisations need to consider more than profit and economic sustainability. They go on to suggest that organisations have social obligations, to employees, stakeholders and customers, which need to be reflected in the management style. This concept is especially important to the HE and health sectors which have clear social obligations. The role of statutory bodies in ensuring public protection broadens this obligation. While legal and economic contracts are fundamental to the employment relationship, their impact is mediated by past and previous perceptions of the psychological contract (Guest, 1999). The challenge for management “is to match what their rhetoric promises to reality” (Grant, 1999, p. 327). It is suggested by Guest (2001) that consideration of the psychological contract potentially “captures elements of the individualisation of the [employment] relationship” (p. 110) and the impact of HR policies and practices. Guest (2001) concludes that not enough attention is paid to this relationship. The psychological contract is defined by Robinson and Morrison (1995) as “a set of beliefs regarding mutual obligations between the employer and employee” (p. 289).

In one of a series of research reports commissioned by the Chartered Institute of Personnel and Development (CIPD), Guest and Conway (2001) define the psychological contract as “the perceptions of both parties to the employment relationship, organisation and individual, of the reciprocal promises and obligations implied in that relationship” (p. 3). Guest and Conway (2002a) note that the obligations and promises for either party may be implicit or explicit and may result in “a complex exchange” which potentially impacts on how an employee may feel about their work and their associated level of motivation.

They describe the causes and consequences of the psychological contract by means of a four part model, namely individual and organisational background factors, policy influences, the state of the psychological contract and the attitudinal and behavioural consequences or outcomes. The Guest and Conway 2001 report describes a survey in which 1306 senior personnel managers responded to a questionnaire about the psychological contract. They consider the views expressed with respect to the psychological contract from the manager's or employer's perspective, stating that they "offer employees a safe working environment in which they will be fairly treated, well-informed – particularly about their own performance – and provided with opportunities for training and development" (Guest and Conway, 2001, p. 12-13). They note that while organisations might imply promises about extrinsic rewards they were unlikely to make promises about job security or the availability of interesting work. In a later publication, Guest and Conway (2004) expand on their concept of the psychological contract further, stating that it is "built on the three pillars of fairness, trust and delivery of the 'deal' between organisation and employee" (p. vii) and conclude strongly that "a positive psychological contract is the best guarantee of good performance outcomes" (p. vii).

Despite the importance of the psychological contract to outcomes, Robinson and Rousseau (1994) conclude that it is frequently violated. Guest and Conway (2002a), reporting on results of a large survey undertaken in the UK, conclude that the psychological contract is in "fairly good repair" (p. 26). However, following a further survey in 2004, they report deterioration in employers' ability to build good workplace relationships, due to a perception of loss of fairness and trust in employees, two of the key pillars proposed by them in 2001. Coyle-Shapiro and Neuman (2004) draw on the importance of the individual's dispositional characteristics to the psychological contract, suggesting that insufficient attention is paid to the individual. They also consider the social exchange process in the workplace and the importance of "employee" and "employer obligations" (p. 150).

The "unpredictable" nature of the "exchange relationship" and the need to have "*adequate* alignment of interests between the parties" (Boxall and Purcell, 2003, italics in original, p. 199) does also need to be acknowledged. Expressing a very similar view, Boxall and Steeneveld (1999) suggest that the "fundamental congruence problem" in the employment relationship is this alignment between the organisation and "value-creating individuals" (p. 460). Robinson and Morrison (1995) explore the psychological contract and organisational citizenship behaviour (OCB), and propose that these concepts are central to the employment relationship.

2.2.2. Organisational Citizenship Behaviour

2.2.2.1. Organisational Commitment

There are a number of closely inter-related concepts which are used to enhance the understanding of the employment relationship and its impact on performance.

Organisational commitment is an important facet of organisational citizenship behaviour.

In an early definition of organisational commitment, Buchanan (1974) stated:

"Commitment is viewed as partisan, affective attachment to the goals and values of an organization, and to the organization for its own sake, apart from its purely instrumental worth" (p. 533).

Organ produced some of the seminal work on OCB in the late 1980s. He refers to his early work and his definition of OCB as "individual behaviour that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the organization" (Organ, 1988, p. 4, cited by Organ, 1997, p. 86). He qualifies this definition stating that the behaviour should not be a part of the person's job description and was therefore a matter of personal choice and not linked explicitly to reward. He also stated that the behaviours should have a positive impact on organisational effectiveness.

In his early work on organisational citizenship, Organ (1988, cited by Bolino, 1999) identifies five dimensions to OCB, namely: altruism, generalized compliance, sportsmanship, courtesy and civic virtue. George and Jones (1997) identify five types of voluntary extra-role behaviours or what they refer to as "organizational spontaneity", namely "helping coworkers, protecting the organization, making constructive suggestions, developing oneself, and spreading goodwill" (p. 154). Usefully, Penner et al. (1997) refer to OCB as "a cluster of behaviors that benefit an organization and/or groups and individuals within it" (p. 112). Taking the analysis of benefits one step further, Somech and Drach-Zahav (2004) propose that some OCBs are directed at individuals and others at the whole organisation. Shore et al. (1995) describe two types of commitment identified by a number of earlier authors, namely affective commitment and continuance commitment. Affective commitment is the sense of attachment an employee feels towards the organisation. Continuance commitment is commitment to remain with the organisation because of a risk of loss, for example, in benefits, should the employee leave. Finegan (2000) also notes that continuance commitment may also be due to the fact there is little choice but to remain with the organisation. She adds a further type of commitment to the earlier two, namely normative commitment, which is described as a feeling of obligation to remain with the employer. Importantly, Shore et al. (1995) and Finegan (2000) propose that the OCB elicited in an employee will differ subject to the form of commitment they feel. Lee et al. (2004) expand on their earlier work on job embeddedness and its impact on organizational citizenship, job performance, volitional absences and turnover. They consider embeddedness as being "situated or connected in a social web" (p. 712), both at work and in the community. They conclude that the more enmeshed an individual is in an organisation the greater the likelihood of their engaging in OCBs. They identify three key concepts: link, fit and sacrifice, and describe high embeddedness as reflecting:

"(1) many links, (2) a good fit, and/or (3) consequential things that an employee gives up by quitting, the motivation to perform should be high" (Lee et al., p. 714).

Others have also researched why people engage in OCB. Bolino (1999) discusses why an employee may engage in OCB, suggesting that rather than selflessness, self promotion or image management may be the motivation. However, he still argues that regardless of the motive, OCBs do have a positive impact on organisational outcomes. Penner et al. (1997) also explore motives and suggest that they will differ for individuals and may be mediated by a "prosocial personality orientation" (p. 111) which they define as "an enduring predisposition to feel concern about the welfare of other people, to think about their best interests, and to engage in actions on their behalf" (p. 121). Eastman (1994) also argued earlier that attribution is not straight forward and that extra-role behaviour may elicit different responses from different supervisors, some viewing it as ingratiating behaviour and others as OCBs. Yoon and Thye (2002) suggest a "principle of reciprocity" and propose that "perceived organizational support" (p. 98) is clearly associated with organisational commitment. In a recent work, Coyle-Shapiro et al. (2004) put forward two explanations for engagement in OCB. The one explanation is that employees view OCB as "a form of reciprocation... [for] fair or good treatment" (p. 85) from the employer. The other is that employees engage in OCB because they see it as part of their jobs. This has interesting ramifications for considering HE, a sector in which it is very difficult to define jobs.

This concern for differences across sectors is alluded to by Podsakoff and MacKenzie (1997) when they suggest that research should consider the "moderating effects of organizational characteristics" ... and "individual differences" (p. 145). They also raise the question of "anticitizenship behaviour", giving "defiance and resistance to authority...; revenge/retaliation...; and avoidance from the work itself" (p. 146) as examples of such behaviour. Following a study of 31 schools, Somech and Drach-Zahavy (2004) propose that OCB is a "context-related phenomenon" (p. 281).

Robinson and Morrison (1995) emphasise the two-way nature of the employee-employer relationship and interestingly the desirability for both the employee and employer to engage in extra-role behaviour. They note the "relationship-specific nature of OCB" (p. 296). Organ (1997) notes the problem with identifying extra-role behaviour and suggests this may be in part because of "the very fuzziness" of the concepts "role" and "job" themselves (p. 88). He goes on to suggest the term be avoided when discussing OCB. Coyle-Shapiro et al. (2004) also note the difficulty in the identification of in-role and extra-role behaviour, particularly in professional jobs. This is certainly the case in HE where, as already noted, it is very difficult to define the nature of the work and the roles the employee is expected to perform. Critically, Robinson and Morrison (1995) conclude that it is important that employers should try to understand how employees view the obligations within the employment relationship and to avoid violating these.

Buchanan (1974) emphasised the importance of managers being committed to the organisation and identified phases, particularly in the early years of their employment, when managers would be most malleable with respect to developing commitment. He concludes that the main influences on organisational commitment are "organizational service, social interaction with organizational peers and superiors, job achievement, and hierarchical advancement" (p. 544). Shore et al. (1995) found that managers' views on employees' commitment to the organisation had a significant impact on how the managers treated employees, with affective commitment impacting positively on agreeing to employee requests, reward and promotion prospects.

Organ (1997) in his article, which he titled "Organizational Citizenship Behavior: It's Construct Clean-up Time", argues away his key premises in his early work, namely "extra-role', 'beyond the job', or 'unrewarded by the formal system'" (p. 85) and proposes that the only one that still has merit is that OCB contributes to an organisation's effectiveness.

When considering a series of studies, Podsakoff and MacKenzie (1997) also conclude that “the synergies created by OCB” (p. 148) have consequences for organisations and that OCB does relate to organisational effectiveness. Organ (1997) suggests that OCB be redefined as “contributions to the maintenance and enhancement of the social and psychological context that supports task performance” (p. 91). In a study of 50 business units, Wright, Gardner and Moynihan (2003) proposed a causal chain linking HR practices to organisational commitment, organisational performance and, ultimately, expenses and profits. They concluded that their findings confirmed a relationship both between HR practices and organisational commitment and between them and operational and performance indicators. They particularly comment on the strength of the relationship between organisational commitment and HR practices.

2.2.2.2. Discretionary Behaviour

In trying to unravel this complex relationship between individuals, institutions, HR policies and practices and outcomes, Purcell, Kinnie, Hutchinson, Rayton and Swart (2003) propose 'The Bath People and Performance Model', referred to earlier. Central to the model are three concepts needed to develop a strategy to enhance discretionary effort. These were described by Appelbaum, Bailey, Berg and Kalleberg (2000), based on the work of Bailey (1993, cited by Appelbaum et al., 2000), as follows:

“Workers needed appropriate motivation to put forth discretionary effort, they needed to have the necessary skills to make their effort meaningful, and employers had to give them the opportunity to participate in substantive shop-floor decisions through the way that work was organized” (p. 26).

Enlarging on this, Purcell et al. (2003a) suggest that “performance is a function of employee ability, motivation and 'opportunity'” (p. 20) or AMO. This model raises many of the issues already identified, which may influence the experience of work, the employment relationship and importantly also considers the impact of these on OCBs and discretionary behaviour.

Ultimately these all relate to the employee's experience of work, a very individual perception. Coyle-Shapiro, Kessler and Purcell (2004) state that "as the job incumbent defines the boundaries of his/her job rather than the boundaries being imposed by an external source, what is viewed as discretionary behaviour is in the eye of the jobholder" (p. 89). Organ (1997) suggests that "The job will be whatever is required in the person's workplace, contingent on the necessary training having been provided" (p. 89). Boxall and Purcell (2003) note that job design is critical to affording staff opportunities to perform. Macduffie (1995) also identifies three conditions, which he argues if all are met will result in HR practices that will potentially impact on enhanced performance of an organisation, namely:

"when employees possess knowledge and skills that managers lack; when employees are motivated to apply this knowledge and skills through discretionary effort; and when the firm's business or production strategy can only be achieved when employees contribute such discretionary effort" (p. 199).

He goes on to propose that bundles of HR practices provide individuals with a range of opportunities to acquire skills and enjoy various incentives or motivators. However, he cautions that employees "will only contribute their discretionary effort to problem-solving if they believe that their individual interests are aligned with those of the company and that the company will make a reciprocal investment in their well-being" (p. 201). Wright and Snell (1998) suggest that "skills form the foundation for the array of potential behaviours an individual can display" (p. 766), which subject to organisational processes can limit or enhance staff in using their skills flexibly. They go on to propose that the "Key to attaining behavioural flexibility is enlarging and eliciting the range of discretionary behaviours that result in positive organizational outcomes" (p. 766). The importance of "employee voice", that is active involvement in management decisions, is critical, particularly for organisations where "employee initiative and innovation" (Boxall and Purcell, 2003, p. 181) are central to success, as is the case in HE.

2.2.3. Organisational Culture and Climate

How these features of the employment relationship are developed is important. Wilson, DeJoy, Vandenberg, Richardson and McGarth (2004) argue that organisational climate, particularly with respect to support and participation, plays a “fundamental role... in the effectiveness of an organization” (p. 582). George and Jones (1997) speculate about the relationship between OCB and the mediating effect the context, individual, group, organizational and interorganizational, may play. They conclude that while more research is required, these behaviours do occur in a context and the people in them may discourage or encourage others to engage in extra-role behaviours.

Barney (1996) defines organisational culture as “a complex set of values, beliefs and assumptions, and symbols that define the way in which a firm conducts its business” (p. 657). Schein (2000) defines culture in terms of groups, as “the learned solution to all of its external and internal problems” (p. xxviii). Denison (1996) debates the difference between organisational culture and climate and concludes that both can be viewed as the consideration of the “internal social psychological environment of organizations and the relationship of that environment to individual meaning and organizational adaptation” (p. 625). Expanding on this, Ferris et al. (1998) propose that culture is the “deep structure” while climate is the more “changeable interpretation of the environment of participants operating within that context” (p. 243). They also acknowledge the importance of external regulatory influences, which are particularly relevant to this study. Schneider et al. (2002) express similar views as to the nature of organisational climate, suggesting that it is “the average or most typical way” (p. 221) that individuals in an organisation view the organisation. Importantly they link this shared view or values to eliciting common trends in behaviour, in the case of their study, with respect to service climate for customers.

This point is also raised by Coyle-Shapiro et al. (2003) who suggest that organisational norms may impact on how an employee “defines the boundaries of their job” (p. 102). Similarly, Somech and Drach-Zahavy (2004) argue that some of the underlying beliefs, norms and values which contribute to the organisational culture may present opportunities for OCBs. Schein (2000) defines organisational climate “as a cultural artefact resulting from espoused values and shared tacit assumptions” (p. xxiv). Bowen and Ostroff (2004) propose that the organisational climate has an important mediating effect on the HRM-firm performance relationship, as it impacts on the psychological climate for individuals. They define organisational climate as

“a *shared* perception of what the organization is like in terms of practices, policies, procedures, routines and rewards – what is important and what behaviors are expected and rewarded” (Bowen and Ostroff, 2004, p. 205, italics in original).

They acknowledge the impact of different leadership styles on the development of different climates, impacting in turn on the behaviour and attitudes of individuals. When exploring the relationship between role conflict and ambiguity and organisational culture, van der Velde and Class (1995) concluded that organisational culture had a mediating role to play in reducing or decreasing the level of stress felt by individual employees. Boxall and Purcell (2003) note that emphasis may be placed on developing an “explicit culture whose purpose is to elicit commitment and motivation” (p. 92). Alvesson and Willmott (2002) rather cynically explore the development of identity as a means of influencing the employment relationship, although they do acknowledge that they cannot predict its impact on employee commitment. Their view is shared by Murphy and Davey (2002), who propose that organisations may use “official company values as a device for the achievement of cultural control” (p. 17) and they suggest that employees may be cynical about this, resulting in their placing their main allegiance with local groups rather than organisational.

This may indeed be the case in HE and Henkel (1997) proposes that “the great majority of academics’ self perceptions and beliefs about the nature of academic organisations were fundamentally shaped by the discipline” (p. 141). Silver (2003) debates whether a university can have a culture, arguing that it is not a “unitary entity” (p. 158) and that “the strength of the discipline [is] the cornerstone of personal interest, career and professional activity and identity” (p. 166). This view would be in contrast to those explored earlier in Section 2.1.1. but does seem to have merit. When reporting on research into the public service sector, Kessler and Purcell (1996) note that the professional disciplines not only impact on terms and conditions but also “preserve a set of values and principles” (p. 217). Kessler, Purcell and Coyle-Shapiro (2000) also note the constraints that strong external drivers may place on public sector organisations. Wilderom, Glunk and Maslowski (2000) when discussing methodological problems in establishing a culture-performance link, describe organisations as working in “complex webs of relationships among interest groups or political arenas”, requiring them to balance “the competing claims of various relevant organisational stakeholders (e.g. owners, employees, customers, suppliers, the community)” (p. 203). Scott et al. (2003), in their review of ten international studies considering the relationship between organisational culture and health care performance, concluded that relationships between culture and performance were “likely to be multiple, complex and contingent”. They support Kessler et al.’s view by stating that culture and performance are “thoroughly dependent on wider context and influences” (p. 115). Schein (2000) adds a further dimension for consideration, namely the historical context of the organisation or group. This is especially relevant to this study, both in the historical development of the discipline groups which differs from traditional academic groups, as noted earlier, and the different historical development of the HEIs under consideration.

2.2.4. Knowledge Intensive Firms

As context clearly has a bearing on the employment relationship, different types of sectors will present different challenges and opportunities for individuals. This is certainly the case in HE which relies on a significant proportion of employees who are highly qualified professionals. Boxall (2003) stated that "In high-level, professional services and other knowledge-intensive services, work organisation always involved high levels of employee discretion" (p. 14). Discretion, autonomy and breadth of responsibility are identified as features of professional jobs by Coyle-Shapiro et al. (2004). Relatively little attention appears to have been paid to the importance of the employment relationship in universities (Keep, Storey and Sisson, 1996) and the development of the many HR functions, some of which may be devolved to heads of department (Jackson, 2001). In a study considering employment relationships in academic institutions, Van Emmerik and Sanders (2004) note the potential difference in the relationship, subject to the type of employment contract (tenured and non-tenured) and the impact it may have on job performance. Further considerations in academic institutions may be the concepts of human and social capital, in relation to developing competitive advantage (Porter, 1985) or organisational advantage (Nahapiet and Ghoshal, 1998).

These concepts are particularly relevant to knowledge-intensive firms (KIFs). Higher education institutions, whose main work is "of an intellectual nature and where well-educated, qualified employees form the major part of the workforce" (Alvesson, 2000, cited by Swart and Kinnie, 2003a, p. 61), could possibly fall into the category of KIFs. Swart and Kinnie (2003b) observe that HR practices "play a critical role in the conversion of human capital to intellectual capital" (p. 37). When discussing HR and its role in executing a firm's strategy, Becker and Huselid (2003) state that line managers and HR specialists share responsibility for the development of human capital.

Also of relevance to this study, is Swart and Kinnie's (2003b) suggestion that the relationship with clients is central to the KIF's development. Their observation that clients indirectly affect "quality, training or health and safety procedures" (p. 39) is particularly relevant to HEIs. For AHPs in education, where student numbers are commissioned by one or two strategic health authorities, the major client/s has a substantial impact on their day-to-day work, including significant demands for quality assurance and audit, as noted earlier. Equally, students are clients and place demands on staff, particularly in a context of widening entry gates, increasing student numbers and associated pressures, as also discussed earlier.

Swart, Kinnie and Purcell (2003) extend the consideration of KIFs by suggesting that the nature of the work should include the need to "solve complex problems through creative and innovative solutions" (p. 7). They subsequently define KIFs as organisations "that employ highly skilled individuals and therefore create market value through the applications of knowledge (an intangible asset) to novel, complex client demands" (p. 8). This definition may apply to some but not necessarily all of the work undertaken by academic staff in HEIs. There is no escaping the reality of the repetitive nature of teaching large cohorts of undergraduate students, particularly on programmes which require clinical skill acquisition, such as is the case for AHPs. However, despite the differences in the roles that academics may undertake, the success of HEIs depends on them, and for that reason the same three critical knowledge intensive situations for the success of KIFs identified by Swart, Kinnie and Purcell (2003) apply to HEIs too. They identified the situations as:

- "learning – by doing
- knowledge – sharing within an organisation
- knowledge – sharing between organisations" (p. 43).

Coupled with these situations, Swart, Kinnie and Purcell (2003) identify three tensions between people management and organisational performance, namely:

- "managing knowledge within the organisation and the needs of K [knowledge] workers
- balancing three key identities – organisational, professional and client
- striking a balance between the need for formal explicit procedures for managing people and the need for them to be informal and embedded in the routines of the organisation" (p. 59).

They identify people management practices, including developing human and social capital and knowledge-sharing skills, as critical to dealing with the underlying tensions identified above. Clearly this must be based on what could be argued to be the central consideration, the employment relationship, and the influence it brings to bear on the generation of "human capital advantage through recruiting and retaining outstanding people" (Boxall and Purcell, 2003, p. 85). However, Alvesson and Willmott (2002) do raise another consideration for professional knowledge intensive workers, noting that professional affiliations may present a source of "conflicting loyalties" (p. 623). Equally, in line with AMO, Huselid (1995) reiterates that employees cannot improve their performance without organisational structures which allow them to do so. Finally, there is another risk for KIFs, what Lepak and Snell (1999) refer to as "the natural decay of human capital" (p. 45). All of these considerations raise challenges for both employees and employers and have the potential to impact on the individual's perceptions and experience of work.

2.2.5. The Experience of Work

The concepts discussed above are critical to the further understanding of the employment relationship in higher education institutions and how the individuals perceive their experience of work. As has already been noted, an individual's experience of work will be mediated by a number of factors, including their own characteristics and attributes, and those of the organisation in which they work.

There are possibly two key areas linked to the individual's experience of work and its psychological consequences for them, namely work-life balance and job satisfaction. These are inseparable from the other aspects of the employment relationship considered earlier.

2.2.5.1. Work-Life Balance

Organisations in the UK have had to respond to various legislative changes as a result of joining the European Union. This encouraged a range of models of work practice and increasing attention being made to working hours. As a result of the European Community Working Time Directive, the Working Time Regulations (WTR) came into force in the UK in 1998. It limited employees to an average of 48 hours for each seven days, unless they chose to formally opt out by entering into an individual agreement with the employer (Hammonds, 2003). On the basis of this, Cully et al. (1999) used 48 hours as a benchmark for 'long hours'. They reported that long hours were reportedly more common among managers, professional workers and operative and assembly workers. Of interest are Guest and Conway's (2002b) respondents' high level of support for this legislation. They attribute this to workers perceiving this as the only way to achieve a reduction in workload and working hours.

Guest and Conway (2001) found that one area in which employees were most likely to feel promises associated with the psychological contract were not kept was workload. In a later work (2002b), they also found that almost a quarter of the workers they surveyed were dissatisfied with their work and work-life balance. They found that there were a number of background factors associated with work-life balance, including satisfaction with the state of the psychological contract, the perception that attractive alternative work was available, the degree of control and surveillance exercised and recent major organisational change.

They also reported lower levels of satisfaction with work-life balance amongst those with higher educational qualifications, those working long hours, those with dependent children, those with a disability and those employed by local government and in the health-sector. Interestingly, they found that those working long hours expressed higher job satisfaction but lower satisfaction with their work-life balance. In a contrasting view to much of the research regarding workload and stress, Jacobs and Gerson (2001) propose that the biggest shift in work-life balance is not to do with working increasing hours or reduced leisure time, but changing family compositions, particularly to dual-earners and single parents.

The Health and Safety Executive (HSE) (2005) defines stress as “the adverse reaction people have to excessive pressures or other types of demands put on them” (p. 1). They have published Management Standards (HSE, 2005) which identify the following six primary sources of stress at work:

- “Demands – such as workload, work patterns and the work environment.
- Control – such as how much say the person has in the way they do their work.
- Support – such as the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships – such as promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role – such as whether the people understand their role within the organisation and whether the institution ensures they do not have conflicting roles.
- Change – such as how organisational change (large or small) is managed and communicated in the organisation” (HSE, 2005, p. 2).

Work-related stress is now the major reason for work absences (HSE, 2005), particularly amongst public sector workers who have to deal with the public (Guest and Conway, 2004). In the Workplace Employee Relations Survey (WERS) (Cully et al., 1999), stress accounted for 30% of work-related illness. In the CIPD report referred to earlier, Guest and Conway (2002b), state that some 25% of people they surveyed find work very stressful, while 40% state that they experience only mild stress or no stress at all.

Health and local government sector workers reported higher stress levels. Guest and Conway (2002b) conclude that high stress levels are “particularly associated with the demands placed upon well-qualified professionals who work in key parts of the public sector” (p. 39). In 2004, 21% of their respondents reported a high-level of work-related stress. Those working longer hours, women and those in more senior roles reported higher stress levels, with associated lower job satisfaction and motivation and a higher intention to leave the organisation.

In keeping with Guest and Conway’s (2002b) findings, the NHS Survey (CHI, 2003c) reflected that 39% of their respondents reported feeling stressed. Following a survey of employees at a single HEI, Daniels and Guppy (1994) concluded that academic staff were experiencing workload and managerial stressors, which they felt were strongly linked to the organisational structure of the HEI. In 1996 Court was commissioned to undertake a survey of HE staff by the Association of University Teachers (AUT, 1996). He observed an increase in workload for academic staff and suggested that this might result in stress related problems for the academic workforce. In 1998, Kinman reported on another survey commissioned by the AUT, which considered occupational stress in the academic workforce. The study had 782 respondents across a range of HEIs, including ‘old’ and ‘new’. She reported that a good number of academic staff were feeling high degrees of work pressure, which they attributed to a number of factors, including work overload and long working hours. She also stated that there were five key stress-related areas for academic staff, “namely, time management issues; professional demands and constraints; professional development; work/home interface; and student related issues” (Kinman, 1998, p.11). The perception was that there was an increase in work related stress, with an anticipation this trend would increase in the future. Importantly, respondents did not feel well supported by their institutions and criticism was levelled at management styles.

In a further survey of academic staff reported on in 2004, Kinman and Jones noted that 69% of those surveyed agreed or strongly agreed with the statement "I find my job stressful". While this is a 1% decrease from Kinman's findings in 1998, the emphasis on managing stress in HEIs has increased in this time (Universities and Colleges Employers Association (UCEA), 1999 and 2001). Kinman and Jones also noted that 77% of their respondents felt that their level of responsibility had increased in the last 5 years, attributing this in part to the increased requirement for paperwork. Abraham (1997) noted that one of the "most common organizational outcomes of role stress is job dissatisfaction" (p. 236). Kinman (1998) made a number of recommendations, including that there needs to be "a recognition that academics cannot and should not take on too many roles" (Kinman, 1998, p. 25). This would be in keeping with the seminal work by Kahn et al. (1964) on role overload, role conflict and role ambiguity. In 2002, Gammie and Gammie suggest that increasing workloads have resulted in academic staff developing "a more calculative approach" to their work, with the identification of an individual "hierarchy" of activities within which they decide to involve themselves (p. 9).

Similar trends with respect to stress and work-life balance are reported in Australia. Dua (1994) undertook a detailed survey of a multi-site campus in Australia. He found that staff in the Faculty of Education, Nursing and Professional Studies were more stressed than staff in other faculties. He attributes this in part to their move from a college into the university. Winter, Taylor and Sarros, (2000) considered the quality of academic work life (QAWL) in Australian universities. The QAWL model was conceptualised as having five work environment elements, namely role stress, job, supervisory, structural and sectoral characteristics, which potentially impact on work attitudes, and resultant organisational commitment or self-estrangement. The study reported five positive aspects of QAWL, namely task identity, autonomy, skill variety, job challenge and job clarity. A negative aspect was found to be low levels of job feedback, which the authors suggested could be addressed by performance appraisals.

As with colleagues elsewhere in the world, the respondents reported role stress and demoralisation related to role overload, increased workloads and resource limitations. In a powerful discussion, Doring (2002) describes the experience of being an academic in an Australian or UK university, using negative terms, such as a “victim of change” (p. 139). He attributes this to a number of externally driven factors, including increased student numbers, and changes in role related to decreasing emphasis on research and increasing emphasis on teaching and income generation. In a similar vein to the British surveys findings noted earlier, Comm and Mathaisel (2003) noted that American academic staff felt their workload had increased and was too high. Scott, Ridgley and Spurgeon (2003) are critical of the HE sector’s engagement with the work-life balance agenda and suggest that the sector is lagging behind commercial and other public sector organisations, such as the civil service, local authorities and importantly, the health service. They conclude that in HE:

“Flexibility has generally been utilised to the benefit of the employer, ... and staff ... often appear to be working in a culture of low morale, long hours, absenteeism, stress and job insecurity” (Scott, et al., 2003, p. 74).

2.2.5.2. Job Satisfaction, Motivation and Commitment

Job satisfaction has been described as “an elusive, even mythical concept” (Lacy and Sheehan, 1997, p. 305). Jernigan, Beggs and Kohut (2002) differentiate between work satisfaction and job satisfaction. They propose that work satisfaction is a broader concept, including satisfaction with the “larger organizational context” (p. 566), while job satisfaction is narrower. They use Locke’s (1976, p. 130, cited by Jernigan, Beggs and Kohut, 2002) definition to describe job satisfaction as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences”. Yoon and Thye (2002) perceive job satisfaction to be “a type of positive emotion that is directed at the organization” (p. 118).

When considering job satisfaction and employee commitment, Cully et al. (1999) propose that job satisfaction "is underpinned by a constellation" (p. 181) of factors which may impact on an employee's commitment and intention to stay with the employer. They note a high level of association between commitment and job satisfaction. In a similar vein, Guest and Conway (2002b) found that motivation is "highly and positively correlated with work satisfaction and organisational commitment" (p. 41). The factors they attributed to higher motivation included the positive state of the psychological contract, scope for direct participation and high levels of organisational support. Negative factors included being over-qualified for the job, being single, and a higher income. In a later work, Guest and Conway (2004) identified three factors they considered key to higher job satisfaction amongst employees, namely the "positive state of the psychological contract, effective supervisory leadership and a high-quality workplace" (p. 23). Fairbrother and Warr (2002) noted that what they termed the "controllability" an individual had over their work was important to feelings of stress and job satisfaction. Purcell et al. (2003b) also linked staff satisfaction with managers' behaviour.

In a small study, Elangovan (2001) found strong causal links between stress and job satisfaction, between satisfaction and commitment, and "a reciprocal relationship between commitment and turnover intentions" (p. 159). Sutton and Griffin (2004), following a longitudinal study of new occupational therapy graduates, concluded that job satisfaction was the "strongest predictor" of intention to leave, and that the two most important factors in relation to job satisfaction, were "a positive experience of the job and psychological contract violation" (p. 510).

In a study on job satisfaction amongst academics in the UK, Oshagbemi (1997) found that 81 per cent of his sample fell into what he described as the "happy workers" or "satisfied workers" groups and 19 per cent into the "unhappy workers" group.

The group which had reflected less job satisfaction identified concerns with pay, promotion prospects and their line manager's supervision or behaviour. Oshagbemi (1997) also noted that younger employees tended to be less satisfied than older colleagues over 55 years of age and that female staff were less satisfied with their jobs than their male counterparts. Hickson and Oshagbemi (1999) also observed different effects of age on job satisfaction for academics employed in the UK whose core work is either in teaching or research. They found that for both groups job satisfaction increased with rank and that females tended to be slightly more satisfied with their careers than males, in contrast to Oshagbemi's (1997) earlier findings in the reverse on gender.

Court (1999) comments strongly on the implications of the findings of his study of academics in the UK, noting that the RAE has resulted in increasing emphasis on research outcomes across the sector, which may make those staff who have a "modest or non-existent" research profile feel like "second-class citizens in the more differentiated higher education of the future" (p. 87). This possibility is made more real by the recommendations in the DfES White Paper (2003) which may result in a significant bifurcation of 'teaching' and 'research' institutions. This possible bifurcation has a number of potential implications, including for job satisfaction.

Winter and Sarros (2002) emphasised the importance of fostering staff motivation to engendering commitment to the institution. They noted a difference in levels of work motivation subject to level of employment, with it being weaker at lecturer level than professorial. They concluded on whether the academic work environment is a motivating place in which to be employed by summarising, as follows:

"The academic work environment is demotivating when you are a lecturer, your teaching role demands are overloaded and/or not recognised or rewarded, and when you have little opportunity to influence university decision making (to make changes to your work role) (Winter and Sarros, 2002, p. 254).

When considering the impact of faculty workload on academic quality in American universities, Comm and Mathaisel (2003) explicitly link student outcomes with a satisfied faculty. Bellamy et al. (2003) suggest that autonomy and flexibility are the main factors for becoming and remaining an academic, coupled with being part of an academic community. Interestingly, while some difference was noted in job satisfaction across the different types of HEIs, Bellamy et al. conclude that they were not large. However, while the differences between types of institutions may not be large, the experience for female academics may be less positive than it is for males (Blackmore, 2002). Following a case study which surveyed 112 women academics, Forster (2000) concluded that there were "still ingrained socio-cultural and structural barriers to the progression of women" (p. 325). As many AHPs are women this is particularly relevant to this study.

2.3. Conclusion

Any review of the literature is a challenge, but the scope of this study, which broadly covered three main fields, people management, higher education, and professional regulation and education, resulted in a vast array of relevant areas to consider, as has been reflected in the preceding review.

It was clear from outset that the internal and external context would be crucial to the study. The two models (Mitchie and West, 2003 and Purcell et al., 2003) used to underpin the study place emphasis on the internal factors within the HR system but do not refer explicitly to external conditions or contexts which influence choices in policy and practice in people management and in the actual jobs that people do (Boxall and Purcell 2000). The relevance to professional practice of external regulatory influences and climate were also acknowledged by Ferris et al (1998). These influences are understandably critical considerations to the group of AHP staff being considered in this study.

The importance of context to the individual and the organisation was further reinforced by Somech and Drach-Zahavy's (2004) view that context and OCB were inter-related. This argument was supported by Wilson et al's (2004) perspective that organisational climate, especially with respect to support of the individual, has a primary role to play in the effectiveness of an organisation.

It is striking that there was very little written about the interplay between environment, culture and climate, the employment relationship and HRM in higher education. While differences between disciplines are acknowledged (see for example Becher, 2001), there was little on the broader implications for organisations and individual members of staff of these important concepts and their associated practices and processes.

There has been an emphasis on academic leadership but with scant attention paid to the real day to day issues faced by academics and their managers, particularly with respect to external demands and resultant internal tensions. Storey and Sisson's (1996) noted the failure of HR to deal with the "totality" of the employment relationship in HE. Inadequate attention appeared to be paid to the practicality of developing the "mesh" (Dearlove, 1997) or the "connecting rods" (Purcell et al, 2000) needed to encourage the engagement of employees and employers in the marrying of practice and policy in a way which may result in the employee having the best possible opportunities to develop their performance with respect to their AMO (Appelbaum, et al., 2000; Purcell, 2003a). This seemed a particular anomaly in HE where human, social and intellectual capital are so critical to organisational development and sustainability. Accepting Swart and Kinnie's (2003a) argument that HR practices have a critical part to play in human capital conversion to intellectual capital and Becker and Huselid's (2003) view that line managers and HR specialists share responsibility for the development of human capital, there is clearly a need for joint ownership of this challenge.

It seems that without the alignment between the employee's development needs, above all in relation to the compulsory professional and legal regulatory framework (see Section 1.5.1.), and the HEIs' interests for economic and effective service delivery and knowledge creation through research, there is not only a possibility of the psychological contract (See Section 2.2.1.1.) being inappropriately formed or violated but also an inherent danger that the legal and social contract would also be placed at risk. With this there is a threat of loss of "congruence" (Boxall and Steeneveld, 1999) or "fit" (Lee et al., 2004), which may impact potentially not only on the individual's OCB but most importantly also on their sense of organisational commitment, and it is this, suggests the literature on OCB, which impacts negatively with organisational performance. These are critical issues for these disciplines who face national recruitment difficulties, as noted earlier.

The challenges are clearly not just for the individual academic to grapple with, but ones which raise basic questions about the role of managers, both front line and more senior. The views of various authors on leadership and management in HE are canvassed in Section 2.1.5.. However, despite some authors addressing these important issues, there seems to be almost a separation in the literature between, on the one hand, the various debates around the employment relationship and the associated concept of psychological contracts, OCB, and, on the other, leadership and management, and organisational culture and climate.

In the very idiosyncratic, diverse and often demanding careers of the academic, the challenge of effective leadership and management of individuals is great. The multiple roles academics engage in, and the threat these may present to work life balance (Doring, 2002; Scott, Ridgley and Spurgeon, 2003), have the potential to impact on job satisfaction and intention to leave (Winter and Sarros, 2002), again an important threat to institutions, particularly for those employing AHPs.

This study is designed to build on existing research, as reflected in the broad body of literature referred to above, but also to relate it to an area so far largely ignored, that of higher education institutions, and within HEI to a particular group of professionals, AHPs. It seeks to explore the employment relationship and people management from the perspective of the individual AHP, in the context of the complex higher education environment, whilst also considering the professional and regulatory in which they must work.

A critical reflection on the literature has identified gaps in relation to people management in HE which warrant consideration, especially with respect to this under-researched but important group of academic staff. Building on this, in the Methods Chapter, which follows, consideration will be given to the research questions flowing from the literature review, the study design, ethical concerns, the sample selection, the survey instruments and the survey administration. The analysis of quantitative and qualitative data will be described. Limitations of the method will be highlighted.

Chapter 3 Method

3.1. Study Design

As has been demonstrated in the previous chapter, there is a plethora of literature, with a range of theories underpinning it, on the subject of the employment relationship and the individual's experience of work. The existing body of literature and theory around the subject of this study is vast and has been based, unsurprisingly, on research which used a range of survey methods, particularly quantitative in approach (Boselie et al., 2005). As explained earlier, this study was planned in such a way as to include three main elements, namely a questionnaire based on the NHS Survey (Commission for Healthcare Improvement (CHI), 2003a), focus groups canvassing the views of academic staff, and interviews conducted with their managers. These elements were effectively brought together using a multiple-case study approach, drawing on quantitative and qualitative methods. This is in keeping with Ichniowski, Kochan, Levine, Olson and Strauss' (1996) recommendation that quantitative studies should be "complemented" with qualitative studies "to get into the "black box" that explains how and why people perform as they do" (p. 330). The timeframe for the study was cross-sectional (Creswell, 1994) but it was anticipated that by comparison with the literature and other studies some inferences could be made over time (Babbie, 1999).

The study was based on applied or "policy-oriented" research. The study design was formulated on the base of explanatory research (Babbie, 1999) or "analytic" research (Oppenheim, 1992), through which I wished to achieve two broad aims. The first was to identify what was the experience of this group of staff, which had to begin with description (Gilbert, 2001) and which could lead on to theory construction (de Vaus, 2002) or theory generation (Punch, 2005).

This resulted in an "analytical, relational type of survey" (Oppenheim, 1992) which extended beyond simple description (Gilbert, 2001) to allow for some exploration of the association between variables (Oppenheim, 1992). Secondly, therefore, this study also incorporated an element of "theory testing" (De Vaus, 2002) or "theory verification" (Punch, 2005). As would be expected, the study focus has been refined over time (Robson, 2002), moving from initial "research conceptualization" to "re-conceptualization" (Oppenheim, 1992), as is demonstrated in my reflection, which follows in the Discussion Chapter.

It was Gilbert's (2001) observation, "information provided by qualitative case studies can be used to illustrate, explain and add depth to findings of quantitative research" (p. 33) which was used to underpin the approach to this study. The case study method is described in depth by Yin (1993) and he notes that it is particularly useful when "context is a major part of the study" (p. 3), as was anticipated to be the case in this study. He goes on to discuss the use of case study design in educational research and notes the value of multiple-case studies, particularly when using mixed-methods.

When discussing the "methodological subcultures" of qualitative and quantitative research, Burgess (1982) comments on "one professing the superiority of 'deep, rich' observational data and the other the virtues of the 'hard, generalisable' survey data" (p. 176). However, when Higgins (1996) talks of "the spectrum of approaches" available to the researcher he cautions against polarisation. Punch (1998) constructively observes that the approaches "may have similarities and overlaps and can be brought together in various ways" (p. 29) in mixed-method designs. Muijs (2004) observes that mixed-methods research "is a flexible approach where the research design is determined by what we want to find out rather than any predetermined epistemological position" (p. 9).

These views are helpful, for by supporting pragmatism, which Miles and Huberman (1994) argue draws on both positivism and interpretivism, a mixed-method approach can be executed without being limited by conflicting or mutually exclusive paradigms (Creswell, 2001). As a practitioner, I relate strongly to what Muijs (2004) says is the key question for pragmatists, “not ‘is it true?’ or ‘is it right?’ but ‘does it work?’” (p. 7), but this does not remove the need to identify a clear research strategy.

Using a mixed-method design brings advantages and disadvantages. Some disadvantages of the one method may be countered by the use of the other, while others are unavoidable. Miles and Huberman (1994) identify a number of disadvantages to qualitative research, including the labour intensive and time consuming nature of data collection and analysis, the risk of data overload, researcher bias, difficulties with sampling and the generalisability of findings, limitations on conclusions and applicability of the findings. They identify a number of features of qualitative research, including one of its strong advantages, namely its potential for giving the researcher “a ‘holistic’ (systemic, encompassing, integrated)” (p. 6) understanding. Muijs (2004) identifies a number of possible disadvantages of quantitative methods, including their limited use in exploring topics and their meaning in depth, in generating theory and in allowing unexpected variables to emerge. However, Gill and Johnson (2002) note that the potential advantages of quantitative research include validity, reliability and generalisability. Replication should be possible. Advantages and disadvantages were considered and balanced and will be explored in more detail in the Discussion Chapter.

Survey research needs to be approached with care and caution, for as Oppenheim (1992) notes:

“Survey literature abounds with portentous conclusions based on faulty inferences from insufficient evidence misguidedly collected and wrongly assembled” (p. 7).

In an effort to avoid this, I carefully considered how to achieve trustworthiness (Robson, 2002), or the congruence between “the reality studied and the reality reported” (Punch, 2005, p. 29). Two associated considerations were reliability and validity. Punch usefully describes validity and, in particular, the need to ensure the validity of the data, the research overall and the internal and external validity (for definitions of validity see for example, Punch, 1998; Sapsford, 1999). By basing the questionnaire on the NHS Survey (CHI, 2003a) I also risked perpetuating any errors or bias in the NHS Survey. I also had limited control of face and internal validity. However, since the publication of the NHS Survey in 2003 (CHI, 2003c) an in-depth study has been undertaken by Simmons et al. (2004) considering the administration of the NHS Survey. They concluded that the Survey was perceived by their respondents as having been “very successful” (p. 9). They advised further that in any future surveys the questions should be kept as close to the 2003 ones as possible to allow for comparisons, which has indeed been the case (Healthcare Commission, 2004b). Triangulation is also an important method to ensure trustworthiness and enhance validity (Punch, 2005). Denzin (1970, cited by Gilbert, 2001) identifies four types of triangulation, namely data triangulation, investigator triangulation, theory triangulation and methodological triangulation. In this study it was possible to develop it to include all but investigator triangulation.

The use of different survey methods also brought different advantages and disadvantages. The self-administered questionnaire had the benefit of allowing anonymity of staff to be protected (May, 2001), whilst providing a cost-effective and convenient way to canvass opinion. An additional advantage of the questionnaire was it was transparent and allowed for ready 'accountability' and accessibility by the participants and other parties to the information which was being explored (Hakim, 2000). It also allowed for comparison with other major surveys which had the potential to increase generalisability (Robson, 2002).

Robson (2002) notes some disadvantages to questionnaires, including the difficulty in getting a good response rate to postal surveys, respondents experiencing difficulty in the interpretation of questions and lack of real involvement by respondents, possibly impacting on their responses. A further disadvantage was the questionnaire was long and might put people off responding. These considerations were tested in a pilot study of the questionnaire, as described later. Another limitation of the questionnaire was it restricted the opportunity for people to express their own views, although space was allowed for comments. This was further countered by the use of interviews and focus groups.

Telephone and face-to-face interviews and focus groups might have put some potential participants off because of loss of anonymity but had the added value of allowing for a much freer exploration of participants' opinions and attitudes. Robson (2002) notes that the interviewer's characteristics and interactions within the group may impact on the success of interview surveys. However, he also notes that the presence of the interviewer may allow for clarification of questions and the encouragement of participation.

3.2. Ethical Considerations

Ethical considerations are an important facet of any study and a number are raised by de Vaus (2002). This survey was designed to ensure that participation was entirely voluntary. Anonymity and confidentiality were assured. Potential participants were informed about the purpose of the study and how results would be disseminated, allowing for informed consent. Privacy was a difficult consideration because participants could not be identified without the help of their employers, which potentially resulted in a level of intrusion. Secure storage of the questionnaires and their safe destruction following successful completion of the study was arranged.

3.3. Sample and Sample Selection

The sample was drawn for HEIs in England which offer AHP programmes. HEIs meeting the criterion for inclusion in the study were identified by consulting the University and Colleges Admissions Service's (UCAS) Official Guide - 2004 Entry (UCAS, 2002).

As I wished to consider a small number of HEIs in some depth I decided to limit the number of institutions to be surveyed to three. Therefore, a further inclusion criterion was introduced:

- HEI offering pre-registration programmes in occupational therapy, radiography and physiotherapy.

The main reason for the choice of these three disciplines, of the potential thirteen allied health profession disciplines recognised by the HPC, was that they are well established disciplines, with long standing professional bodies. These three disciplines also have the largest numbers of HPC registrants of the thirteen AHPs. It was hoped that this would allow for sufficient numbers of potential participants across HEIs to accommodate statistical comparison of the data returned, including some exploration within discipline groups and between discipline groups. It was also important to acknowledge "the demographic, cultural, disciplinary and other variations in the academic profession" (Altbach, 1998, p. 29). The review of programmes listed by UCAS (2002) resulted in the identification of six HEIs meeting the inclusion criterion.

In an effort to determine whether other factors might potentially impact on the employment relationship and the experience of work, such as, for example, research emphasis versus a focus on teaching, the six HEIs were further categorised by the type of institution they might be described as.

As noted in the introduction, Watson's (2000a) classification of new or modern and traditional or ancient and university college was used (see Appendix 3). Of the six HEIs, three could be classified as new, two as traditional and one as a university college. A further choice needed to be made within the three categories of HEI. Of the three new HEIs, the HEI geographically closest to my work base was selected. Of the two traditional HEIs, the one which also offered medicine was excluded as this was felt to potentially impact on expectations of staff. There was only one university college so it was included.

The units of analysis were individual members of academic staff and their managers. The inclusion criteria for the staff sample were staff who:

- were eligible for state registration as an allied health professional
- were employed by a higher education institution, which offers pre-registration programmes in occupational therapy, radiography and physiotherapy leading to registration with the HPC.

The inclusion criteria for managers were that they:

- had line management responsibility for members of staff who were approached to participate in the survey.

The title of line managers differed from institution to institution but included professional lead, head of department/school and dean of faculty.

3.4. Survey Instruments Design, Development and Administration

As noted in the introduction, the survey took the form of self-administered questionnaires, semi-structured interviews and focus groups.

3.4.1. Questionnaire Development

The self-administered questionnaire drew extensively on the NHS Survey (CHI, 2003a), as already indicated. The methodology used in its development was critically studied.

The appropriateness of its re-administration in a different context was considered. The issue of validity and reliability were obviously considered carefully in the development of the NHS Survey (Healthcare Commission, 2004a) and this work and the evaluation by Simmons et al. (2004), referred to earlier, were considered in relation to the re-administration of the survey.

The developers (Healthcare Commission, 2004a) of the NHS Survey identified the purpose of the survey as being to canvass staffs' views about working in their local trust. They indicated that the survey would allow for the development of national performance measures, which might be used by trusts as benchmarks. They also suggested that the survey could be used to evaluate how their policies are implemented in practice and would allow comparison between themselves, both with similar NHS organisations and across the whole of the NHS. The NHS Survey was finalised after the following:

- consultation with 400 people from ten trusts
- circulation of a pilot survey to five trusts
- subsequent refining of the questionnaire (Healthcare Commission, 2004a).

The detailed guidance notes provided for the administration of the NHS Survey (CHI, 2003b) were used by me, in an effort to replicate the study as closely as possible. The questionnaire included demographic data, factual and attitudinal items, some of which were categorical whilst others included rating scales (Creswell, 1994). Each question was considered with respect to its relevance to the population being surveyed in this study. A number of changes were made prior to piloting the questionnaire (see Draft Questionnaire, Appendix 6).

The questionnaire was piloted at Canterbury Christ Church University College. Fifteen members of staff in the AHP Department, who are eligible for registration with the HPC as an AHP, including the two professional leads, were invited to participate.

The staff approached included occupational therapists, radiographers and a physiotherapist. It is noted that in this institution, at that time of the pilot study, the line manager of this group of staff was me. However, the two professional leads carried considerable responsibility for the delivery of the programmes leading to registration with the HPC and had some direct staff management responsibilities. Ten members of staff responded.

In addition to the AHP staff, three members of the Faculty of Health's Management Team (FMT) (the Dean and two heads of academic departments) were also asked to participate in the pilot study. While none of the three were from AHP disciplines, but nursing and midwifery, it was felt that their responsibility as managers placed them in a good position to comment on the instrument. A health psychologist, also a member of the AHP Department, was also asked to participate. Two members of the Personnel Department were also invited to participate in the pilot study. Two of the FMT, the health psychologist and one of the Personnel staff responded, making a total of 14 participants in the pilot study.

A letter (see Appendix 7) was sent to the potential participants in the pilot study asking them whether they would be prepared to participate by completing the questionnaire and commenting on its format and content. A brief comment sheet (Appendix 8) was developed in an effort to ensure the major considerations of questionnaire design were addressed by the respondents. This allowed for the face validity of the instruments to be established.

A summary of the comments were collated. There were a number of detailed comments on the content of the questionnaire in relation to the topic. This resulted in some changes been made to the questionnaire, particularly with respect to the section on team working.

While note was taken on queries on some of the question wording on other items, as these were taken from the NHS Survey (CHI, 2003a) the decision was made not to change them. The majority of the respondents were satisfied with the question length, format and sequence and these were not changed in the final questionnaire. The time taken to complete the questionnaire ranged from 10 to 45 minutes, with the majority taking half an hour or less, which was felt to be acceptable.

Changes were made to the pilot questionnaire, as noted above (see Appendix 9 for covering letter and final questionnaire). The format of the questionnaire still closely followed that of the NHS Survey (CHI, 2003a), with the use of colour and a similar formatting style. The reminder letters (see Appendices 10 and 11) were also very similar to those used by the NHS Survey (CHI, 2003b), with minor adjustments made to allow for differences in this study.

3.4.2. Covering Letter

The covering letter (see Appendix 9), based in part on the letter used in the NHS Survey (CHI, 2003a) was developed. It described the study, identified me and the institution I was studying at, outlined what was required of participants and explicitly raised ethical considerations. The letter emphasised the confidential nature of the study, guaranteeing participants' anonymity.

3.4.3. Focus Group and Interview Schedules

All participants were invited to participate in the focus groups by indicating their willingness to be contacted at the end of the questionnaire. Their managers were invited to participate in a face to face or telephone interview.

The author developed informal schedules which acted as prompts for the focus groups (see Appendix 12) and interviews (see Appendix 13), following an initial review of the survey results. The schedules included some feedback on some of the key issues identified in the early analysis of the questionnaire results, which helped to structure the schedules (Silverman, 2005).

3.4.4. Administration

At the same time as undertaking the pilot study, I made contact with heads of department/schools and/or deans at the chosen institutions. They were initially contacted in writing and invited to participate in the study. The survey and their potential role in it was explained (see Appendix 14). They were also asked if they would be prepared to provide a list of staff who might be eligible to participate in the study. The author offered to visit those institutions where the manager agreed to participate.

3.4.4.1. University College

The university college's (the UC) Acting Dean of the Faculty of Health, made immediate contact by e-mail via an administrator. He arranged for an administrator to provide me with a list of all of the twenty AHP staff whom could be contacted. The questionnaire and covering letter, as described above, were sent to staff. First reminders were sent at four weeks following distribution of the initial questionnaire, as distribution had coincided with the beginning of what is often the traditional summer holiday period for many people. A final reminder and questionnaire were sent two weeks later. Both reminders included a further questionnaire and stamped envelope addressed to me, in the hope that the ease of dealing with the request would encourage response.

The Acting Dean was contacted by letter on two occasions regarding his participating in a telephonic interview but he did not reply to either. The three subject leads were also contacted twice. The physiotherapy subject lead did not respond. While the occupational therapy subject lead indicated her willingness to be interviewed she failed to respond to two attempts to set up a date and time. The radiography subject lead agreed to be interviewed and this was subsequently undertaken face to face, his preferred choice. A focus group was held with four members of staff, two radiographers and two occupational therapists. An occupational therapist who was unable to make the focus group also agreed to be interviewed on a later occasion and did subsequently participate in a telephone interview.

3.4.4.2. New University

In the week following my making initial contact, the head of the AHP department at the new university sought me out at a conference we were both attending and indicated that she would be very happy to respond to the request. However, despite an e-mail reminder shortly after the conference no further contact was made by her. This was felt to possibly be because of the summer period so no further contact was made until the end of August. A detailed letter was sent again with no response. Further contact was made via e-mail and a favourable response was received, with a promise that the head of department's secretary would forward a list of staff who met the inclusion criteria. When a further two weeks had elapsed with no list forthcoming I again made e-mail contact. Again, the head of department failed to respond. I made no further contact.

At the same time as pursuing this HEI, I decided to make contact with another two new universities (NU1 and NU2), which met the inclusion criteria, as the risk of non-response from the original new university seemed to be high.

The Dean of the Faculty at one of the two new universities (NU1) indicated that she was too busy to participate herself but had her secretary send me a list of the subject leads with whom she said I could make direct contact. Contact was made with the subject leads for physiotherapy, radiography and occupational therapy. The radiography lead responded almost immediately with a list of staff whom she had already approached and who were prepared to participate. This was not how I had planned to gain consent but was accepted as a way forward. The questionnaires were sent out immediately, with reminders being sent at four and six weeks. As there was no response to a further letter and a subsequent e-mail to the other two subject leads no further contact was made. There were too few agreeable respondents to run a focus group. The radiography subject lead indicated that she was prepared to be interviewed but failed to respond to contact made on two subsequent occasions.

The Dean of the School at the other new university (NU2) responded promptly that he was prepared to be interviewed and enclosed a list of all of the staff in each of the three disciplines. Questionnaires and reminders were sent to all potential respondents, as appropriate.

The Dean was interviewed as planned. A focus group was set up, however, within days of the planned group only two participants remained. As conducting the group would have involved a minimum of two days away, with associated costs and lost time, I decided to cancel the group. The two remaining available staff agreed to be interviewed telephonically on the day the focus group had been planned. One was interviewed. The other did not answer the telephone at the agreed time and did not respond to voicemail or e-mail messages with a request to re-arrange the time to suit.

3.4.4.3. Traditional University

The head of school at the traditional university (TU) failed to respond to the initial letter. A second letter was sent some six weeks later, again with no response. It was subsequently noted on the university's website that the head of school had changed after the period of initial contacts. The new head of school was contacted in writing and a message left with the head of school's secretary. The head of school responded via e-mail to say that her staff were too busy preparing for a QAA Review for her to commit them to anything else.

Following this negative response I contacted the only other traditional university which met the initial inclusion criteria. While this HEI was initially excluded because it offered medicine, it was now felt that this was outweighed by the need to include a traditional university. It was felt that this additional consideration could potentially be addressed in the analysis of the data. The Dean of the Faculty let me have a list of staff whom had already been approached by her and had indicated that they were prepared to be approached to participate in the study. This was again not as I had planned. All potential respondents were sent an initial questionnaire. Two reminders were sent to those who failed to respond. There were enough agreeable respondents to run a small focus group with three members of staff, one occupational therapist, one radiographer and a physiotherapist.

3.5. Response Rate

Initial contact was made with deans in May 2004. Questionnaires were distributed between June and October 2004. Focus groups and interviews were conducted between November and early December 2004. Response to contact from me varied from institution to institution and is reflected in the table which follows.

The timing of the initial posting, which varied for each institution, may have influenced this. Four institutions participated in the study. While their profiles, for example with respect to student numbers, structures, etc. are of interest, they are not recorded as they would possibly allow for the informed reader to identify the HEI. In professional groups where research is being actively encouraged, I was surprised by the difficulty I had in getting colleagues to participate in the study. I can hypothesise why this may be and one reason may be the demands that they and their staff work under preclude their taking on anything that is non-essential. Some of the contacts I made were known to me, this may also have influenced their willingness to participate, particularly as I was looking at a subject which may have been sensitive for them or too close to them. In the same way, departments or faculties experiencing problems may not have wished to have these exposed.

The administration of the survey is described in detail in the previous section, in summary the respondents were as follows:

Table 2 Participants

	UC	NU1	NU2	TU	Total
Questionnaires	16	4	19	10	49 returns
Focus Groups	1 group with 4 participants	0	0	1 group with 3 participants	2 groups 7 participants
Interviews Staff (Telephone)	1	1	0	0	2 academics
Interviews Managers	1	1	0	0	2 managers

Questionnaires were sent to 76 members of staff. After first and second reminders a total of 49 questionnaires were returned resulting in a response rate of 64%, slightly higher than the NHS Survey (CHI, 2003c) response rate of 56% (n. 203911).

Immediately after each focus group and interview I made some notes on my impressions and observations of the contact. The focus groups and one manager interview were held at the respondents' workplace, as is recommended by Hammell et al. (2000).

The participants of both focus groups appeared to be very comfortable with this arrangement and participated fully in the discussions. No one member of the group tried to dominate. It took almost no prompting from me to ensure that all participants had an opportunity to express their views on each of the key issues. This was also the case in the telephone interviews with the academic staff.

The telephone interview with the Dean at the NU2 went very well and he was very receptive and expansive in his responses to my questions. The manager at the UC was much less comfortable with being interviewed. He needed to be drawn out on a number of issues. At times, he gave the impression of following the “party line” rather than expressing his own views.

The breakdown of response rates across HEIs and disciplines is reflected in Table 3:

Table 3 Response Rate

	UC	UC %	NU1	NU1 %	NU2	NU2 %	TU	TU %	TOTAL	TOTAL %
O.T.	7/7	100%			6/10	60%	4/4	100%	17/21	81%
Rad.	9/12	75%	4/5	80%	3/10	30%	4/5	80%	20/32	63%
Physio.	0/1	0%			10/17	59%	2/5	40%	12/23	52%
Totals	16/20	80%	4/5	80%	19/37	51%	10/14	71%	49/76	64%

3.6. Data Analysis

3.6.1. Quantitative Data

An excel spreadsheet, based on the NHS Survey (CHI, 2003b) data one, was used to capture the questionnaire data. A number of different aspects of the study were analysed. Initial analysis considered the response rate and the rate of returns over time (Fink, 1995). Nominal variables, such as gender and age of academic staff, were identified.

A descriptive analysis (Punch, 1998) of each of the variables was undertaken using SPSS Version 11 and included frequency, means, standard deviations and the range for each variable. While calculations were to two decimal points, for ease of comparison with other surveys, percentages were rounded up in the tables which follow. To allow for ease of comparison, some means are presented in tables as a reversed mean.

Data for this survey were also considered for all respondents, by institution and by discipline. The small number of respondents from the NU1 were included in discipline comparisons but were excluded from institution comparisons. The three major disciplines were compared, with the two single orthotist and paramedic respondents excluded from the analysis. The NHS Survey (CHI, 2003c) covered an extensive range of some sixteen different occupational groups, both ancillary and professional. Ten per cent of their respondents were allied health professionals. They do not provide a discipline breakdown but do have some comparisons by occupational groups, but as these were further broken down into, for example, trusts, they did not allow for meaningful comparisons with this sample. Therefore, comparisons with the NHS Survey were limited to their full sample. Ordinal variables which "rank the differences in replies" (May, 2001, p. 109) on the rating scales were analysed. Additional analysis was undertaken where applicable on the basis of the NHS Survey team's guidelines for the interpretation of results (Healthcare Commission, 2004a). They identified 25 key areas covered by their questionnaire. The key areas were further grouped, and analysis for each group undertaken in different ways, as indicated earlier. As noted in the introduction, the NHS Survey (CHI, 2003a) covered a range of HR policies and practice which the authors related to performance outcomes and organisational effectiveness (CHI, 2003c; Healthcare Commission, 2004a).

The NHS Survey (CHI, 2003c, Healthcare Commission, 2004a) described the following variables using percentage scores, some of which were calculated across more than one question or within the various sub-questions of a given question, as indicated below:

- Staff working extra hours
- Staff working extra hours due to pressure and demands of job
- Staff appraised within previous 12 months
- Staff having well structured appraisal reviews within the previous 12 months (well structured appraisal determined by combining responses)
- Staff with personal development plans agreed within the previous 12 months (excluded from this study)
- Staff receiving any training in previous 12 months
- Staff receiving at least one day's training on taught courses in previous 12 months (expanded for this study)
- Staff saying they work in teams
- Staff working in a well structured team environment (well structured team determined by combining responses)
- Staff having had health and safety training in previous 12 months
- Staff witnessing potentially harmful errors or near misses in previous month (excluded from this study)
- Staff suffering work related injuries or illness in previous 12 months (excluded from this study)
- Staff experiencing harassment, bullying or abuse in previous 12 months.

The advantage in using percentage scores for the NHS Survey (CHI, 2003c; Healthcare Commission, 2004a) and the study was that results could be compared. It also allowed for some comparison with other studies which measured similar constructs using percentages (see for example the WERs (Cully et al., 1999), AUT (1998), Kinman (1998), Kinman and Jones (2004), NAFTHE (2003) surveys, referred to earlier). Not all of the questions included in the NHS Survey (2003a) were relevant to the different HEI environment.

The NHS Survey also used "scale summary scores", the researchers (CHI, 2003c, Healthcare Commission, 2004a) explain that following initial statistical analysis they were able to group some questions which "consistently measure the same thing". They assigned numbers to these questions and calculated an average. This analysis is not described in great detail in the Guidelines (CHI, 2003b) but instructions on how to do the calculations are provided in the Key Findings (CHI, 2003c) .

These instructions will be noted in the sections in the findings where scale summary scores are used. Scaled summary scores were calculated for the following:

- Quality of work life balance
- Opportunities for flexible working
- Staff job satisfaction
- Quality of job design (clear job content, feedback and staff involvement)
- Work pressure felt by staff
- Staff intention to leave jobs
- Support from supervisors
- Quality of senior management leadership
- Extent of positive feeling within organisation.

The authors (Healthcare Commission, 2004a) of the NHS Survey identified the key factors to which impacted most on staff attitudes and listed the following:

- “organisational climate (communications, involvement, support for improvement focus on patients)
- quality of job design (job content, feedback and involvement)
- support from supervisors
- effective systems for reporting and addressing health and safety issues” (p. 71, Healthcare Commission, 2004a).

The relevance to this study of the first three factors has been demonstrated in the literature review and will be explored further in the discussion. Fairness and effectiveness of incident reporting procedures was considered in the NHS Survey analysis (Healthcare Commission, 2004a) but was not considered as applicable to this study due to the differences in working environments.

The statistical association between variables on this survey were considered using SPSS to compare means and calculate cross tabulations, initially using the Chi-square Test of Association, a test which “detects whether there is a significant association between two categorical variables” (Field, 2000, p.62). While the test does not measure how strong the association is, SPSS does identify the difference between the observed and expected results (Kerr et al., 2002).

Munro (2001) notes that there are four assumptions underlying use of the chi-square, namely:

- “1. Frequency data
2. Adequate size sample
3. Measures independent of each other
4. Theoretical basis for the categorization of the variables” (p. 99).

In this survey three of the four assumptions were met, however, the sample was fairly small (n. 49) and the expected frequencies in many cells were below 5. This was due to the relatively poor overall response rate and the numbers of groups. Should this occur, Allan (1982) recommends either abandoning the test or combining frequencies. SPSS offered “corrected” results, in terms of a continuity correction or Yates’s correction and Fisher’s Exact Test, which allow for small expected frequencies (Fink, 1995). Having considered the means and the scaled scores and the key theoretical questions, particularly staff intention to leave as a measure of organisational commitment, I decided to analysis some of the questions further, using this method. In line with Sirkin’s (1995) distinction between research significance and statistical significance, the results will be considered with respect to their significance to the findings overall. Even where these trends are identified they should be treated with great caution with respect to degree of association, for the reasons explored above.

3.6.2. Qualitative Data

Qualitative data were drawn from comments on the questionnaires and the focus groups and interview. The focus groups and interviews were recorded and the full transcripts were analysed. Data obtained from the two methods were mapped (Silverman, 2005), following some data reduction (Miles and Huberman, 1994).

As this study was based on a "tight" design, with a lot of prior instrumentation (Miles and Huberman, 1994), the broad framework was already established, allowing for some confirmation and elaboration of the data collected by the questionnaire through pattern coding of the qualitative data (Miles and Huberman, 1994). While the key questions did provide a framework for analysis, care was taken to identify other themes.

3.7. Limitations of Method

There are some identifiable limitations of the study method and design. The study only considered the views of staff at three institutions. The numbers of staff from any single institution were small and they were often unequal in their discipline representation. The total numbers of staff from a single discipline across all the institutions were also small. The interpretation and generalisability of the research was limited by the response rate.

The method of identifying potential participants, via their line managers, did mean a slight element of intrusion but this was minimal as no pressure was brought to bear on staff to participate, other than by way of reminders sent direct to staff, and not via their managers. Also not all managers followed the procedure for identifying staff as requested of them. Self-report on workload clearly presented the potential for exaggeration and inflation. However, the inclusion of managers in the study was included in an effort to reduce this effect.

The use of what Blackburn and Lawrence (1995) describe as a single "snapshot" (p. 32) of staffs' time and attitudes may also not make their views' representative. As the study progressed further limitations were identified and are noted in Chapter 5.

3.8. Conclusion

In this chapter consideration has been given to the key theoretical and methodological issues underpinning the study. A description has been provided of the administration of the survey and the analysis of the data. Limitations of the methods have been identified.

As noted in the introduction to the study, two models have been used to help to structure the presentation of the findings of this study. In Chapter 4 the results for this survey will be considered in the light of these models, drawing on the HR architecture or KSO/AMO, in the work context. The impact of management and leadership on the individual's perceptions and experience of work will also be considered. The implications this has for individual's work-life balance, job satisfaction and intention to leave will be deliberated. The possible mediating effect of internal and external factors, including professional and statutory bodies, will be debated.

Chapter 4 Results

4.1. Introduction

The method of analysis and a brief overview of the participants and the response rate were provided in Chapter 3. All data were analysed as planned. In this chapter the sample will be described in detail. The most pertinent findings, particularly with respect to the Mitchie and West (2003) and Purcell et al. (2003a) models will then be reported. People management, including job design, pay and conditions, appraisals and opportunities to engage in learning, training and development will be considered first. This section will include the results on work-life balance, a major issue for this group of staff, followed by consideration of how the various internal and external contextual issues impact on the respondents' perceptions and experience of work, including line management, senior management leadership and their perceptions of the organisation. This will lead into a consideration of the results related to the respondents' views on job satisfaction and intention to leave. A brief summary will conclude the chapter. In the Discussion and Conclusion Chapter key results will be reviewed as they are considered in the light of the two models and other literature (see Section 5.2.). To avoid repetition only brief comment on the results will be made in the Results Chapter, highlighting and comparing key findings.

The literature review highlighted a number of major studies which reflected on the work experience of different groups of staff in health, education and other environments.

Where relevant, results of this survey will be compared with those in the WERS Survey (Cully et al., 1999), the NATFHE Health Educators Survey (NATFHE, 2003), the NHS National Staff Survey (NHS Survey) (CHI, 2003c, Healthcare Commission, 2004a), and Kinman and Jones' Survey (2004). The key similarities and differences between the surveys will be drawn out where appropriate.

4.2. Description of the Sample

On a practical level, to avoid repetition, the surveys will be referred to by name but the authors and date of publication will not be cited in every instance. The surveys will be abbreviated when referred to in tables, to HEI for this survey, NHS for the NHS National Staff Survey and K. & J. for the Kinman and Jones Survey. The disciplines will also be abbreviated in tables, occupational therapists to OTs, physiotherapists to physios., and radiographers to rads. The abbreviations for the HEIs have already been noted, as NU2, TU and UC. 'Rev. Mean' refers to those means which have been reversed to allow for ease of comparison.

4.2.1. Gender, Age, Ethnicity, Disability and Dependants

Table 4, over, reflects the frequencies (f) for gender, age, ethnicity, disability and dependants for participants in this study, in comparison with for those who participated in the NHS and Kinman and Jones surveys. It is of note that there were no respondents less than 31 years of age in this survey, unlike the NHS Survey in which 16% of respondents were 21 to 30 years of age. Applicants for registration with the HPC must hold a relevant professional qualification and be at least 21 years of age.

There was a difference between the HEIs with respect to gender (value 9.206, $p < 0.05$), in that all of those who responded to this question at the TU were female. There was no significant difference between the groups with respect to age and those living with dependants, or gender and those living with dependants.

Table 4 Gender, Age, Ethnicity, Disability and Dependants (Q31, 32, 33 & 34)

	HEI f	HEI Valid %	NHS %	K & J Range	K & J %
Gender					
Male	11	22%	20%		55%
Female	38	78%	80%		45%
Total Responses	49				
Age					
16 – 20 years	0	0%	1%		
21 – 30 years	0	0%	16%		
31 – 40 years	16	33%	28%	30-39 yrs	21%
41 – 50 years	21	44%	31%	40-49 yrs	33%
51 – 65 years	11	23%	24%	50-65 yrs	43%
Over 65 years	0	0%	< 1%		1%
Missing	1				
Ethnicity					
British white	47	98%	89%		
Another white background	1	2%	0%		
Other ethnic groups	0	0%	9%		5%
Missing	1				
Disability					
Have a disability	2	4%	3%		
Missing	47				
Living with Dependants					
Children under 18 years	28	48%	42%		
Elderly	0				
Disabled dependant	2	4%			

4.2.2. Discipline

The breakdown by discipline of the 49 respondents was 17 (35%) occupational therapists, 12 (24%) physiotherapists and 20 (41%) radiographers. The breakdown by discipline with respect to gender and total numbers is reflected in Table 5, over. There was a difference (value 6.027, $p < 0.05$) with respect to discipline, and it was noted that there was a higher ratio of male to female respondents in radiography, than in the other disciplines.

Table 5 Disciplines by Gender

Gender	OTs		Physios.		Rads.		Total HEI	
	f	%	f	%	f	%	f	%
Female	15	88%	11	92%	12	60%	38	78%
Male	2	12%	1	8%	8	40%	11	22%
Total	17		12		20		49	

4.2.3. Qualifications

A number of the 49 respondents indicated that they had more than one qualification, as reflected in Table 6.

Table 6 Qualifications (Q37)

Qualification	HEI f	HEI Valid %
Diploma	43	88%
Degree	8	16%
Degree with Honours	16	33%
Masters Degree	33	67%
Doctorate	4	8%
Teaching Qualification	27	55%
Other Qualification	7	14%
Total responses	49	

Of those with diplomas, 2% had no further qualifications, while 4% of those with a first degree had no further qualifications. All of the TU staff had a masters degree or doctorate. Staff appeared to be actively encouraged to complete further qualifications. One respondent who had a diploma, honours degree and a masters degree commented:

“I have only been at the University for 9 weeks. I am also working towards my PGCLTHE which will take 2 years” (NU2, 1852).

While another said:

“Our college is very keen to support staff to complete their PGCE in teaching and learning in higher education, and I am actively supported in this by my manager and other team members” (UC1503).

4.2.4. Job Title

Respondents indicated their status with respect to job titles, as reflected in the table below. It should be noted that the Dean from the NU2 who was interviewed did not complete a questionnaire and is not therefore included in the numbers below.

Table 7 Job Title (Q38)

Title	HEI f	HEI Valid %
Lecturer	7	14%
Senior Lecturer	30	61%
Principal Lecturer	3	6%
Reader	1	2%
Professional Lead	1	2%
Head of Department/School or Dean	2	4%
Other	5	10%
Total Responses	49	

4.2.5. Years Worked in Organisation (Q40)

It is of interest that none of the respondents had worked in their HEI for more than 15 years, in contrast with the findings of Kinman and Jones' findings as shown in Table 8 below. While respondents were not asked to comment on their previous employment, it is assumed that all are likely to have been clinicians at some stage.

Table 8 Years Worked in Organisation (Q40)

Years Worked	HEI f	HEI Valid %	K & J Range	K & J %
Less than 1 year	5	10%	1 - 3 yrs	6%
1 - 2 years	8	16%		
3 - 5 years	18	37%	4 - 9 yrs	31%
6 - 10 years	5	10%		
11 - 15 years	13	27%	10 -19 yrs	35%
Over 15 years	0		20+ yrs	36%
Total Responses	49			

4.2.6. Employment Status

Of the 45 respondents, by far the majority (at 78%, n. 35), were employed on permanent contracts. Seven (16%) respondents indicated they were on time limited contracts or in fixed term posts. These findings are similar to those of Kinman and Jones' finding at 81.5% and 18% respectively.

4.2.7. Brief Comment on the Sample

The respondents to the survey were predominantly female, as would be expected in these disciplines, in contrast with those employed in HE in the Kinman and Jones survey, in which only 45% were female. For almost all of the respondents their initial qualification was a diploma. While many had pursued further qualifications only 8% had doctorates, in contrast with what would be the usual pattern in HE as discussed in Section 1.5.3. All of the staff at the TU had at least a masters level qualification, as might be expected at a traditional university. There were a high percentage of respondents with teaching qualifications and respondents' comments reflected that pursuing a teaching qualification was actively encouraged by their employers. None had been employed in their organisation for more than 15 years, in contrast to the Kinman and Jones survey in which 36% had been employed for over 20 years in education. This would reflect the relatively recent move of these disciplines into HEIs. This sample displays a different pattern to that of the more traditional disciplines working in HE and for this reason may warrant particular consideration with respect to human resource management, as will be reflected in the results which follow.

4.3. People Management

As noted earlier, the study was based on the premise that the emphasis would not be on individual HRM practices but would focus on impact of “macro” HRM on employees and outcomes. However, to do this, this study has drawn on the NHS Survey which does concentrate on “micro” practices, including job design, pay and conditions, appraisal and opportunities for learning, training, and development. These are still relevant and results will be reported on here and then woven into a broader focus in the Discussion Chapter where appropriate. Work-life balance is also considered in the following section and was found to be a particular issue for this sample, as was the lack of support for clinical work.

4.3.1. Quality of Job Design

The nature of academic work and the demands of multiple stakeholders make the question of job design a complex one for these groups of staff. As noted earlier, discipline, position and institution type may also influence the nature of academic work. The NHS Survey included a number of questions about job design. Some HE specific questions were also added to allow for the differences in context. Where appropriate, questions about job design were combined, in keeping with the NHS Survey guidance (CHI, 2003b). The questions related to factors the authors of the NHS Survey thought were key indicators of the quality of a job’s design, namely clear job content, feedback and staff involvement. Higher scores were described as reflecting better designed jobs, with a score of 3 being viewed as neutral.

In the NHS Survey the average score for the quality of job design was 3.4, with the report's authors commenting that this indicated that for NHS staff in general their jobs were "fairly well designed" (CHI, 2003c). In this survey the average was slightly better at 3.77: while the difference was not significant, staff at the NU2 were generally more satisfied with the design of their jobs, with an average score of 3.90, compared with 3.74 for the UC and 3.64 for the TU. Some variation was also noted between disciplines, although this was again not significant, with radiographers being most satisfied at 3.98, while occupational therapists at 3.68 and physiotherapists at 3.55 were slightly less satisfied but also still within the 'fairly well designed' range.

Staff views on their job content and involvement, as addressed in Question 17 (a, c, d) are reflected as means in Table 9, which follows. It is not surprising that those staff employed in the NHS feel that they have clear, planned goals and objectives, in that their jobs lend themselves to better definition than that of an academic. The higher level of involvement in changes for academic staff is also understandable given the autonomy usually associated with academic work (Bellamy et al., 2003). There was no significant difference between disciplines or HEIs on this question.

Table 9 Job Content and Involvement (Q17 a, c, d)

To what extent do you agree with the following? (1 – 5 scale)	HEI Mean	HEI Std. Dev.	HEI % Yes	NHS % Yes
I cannot meet all the conflicting demands on my time	3.86	1.080	78%	41%
I am involved in deciding on changes introduced that affect my work	3.55	1.081	63%	53%
I have clear, planned goals and objectives for my job	3.53	1.043	59%	65%
Total Responses	49			

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Total Responses	49			

What is of particular interest is the difference with respect to conflicting demands between the NHS staff and respondents in this survey. Almost twice as many respondents in this study, at a very high 78%, felt they could not meet all the conflicting demands on their time, versus a not insignificant 41% in the NHS. In response to Question 21b, 50% of the respondents indicated that their line manager/supervisor did not make sure they were clear about what their jobs were.

The complexity of the academic role was identified in Section 2.1.6. This is especially relevant to this group as they do not fit the traditional academic pattern in that they have an additional role with respect to clinical work and supporting students on clinical placements, as discussed in Section 1.5.1. The findings are therefore of particular interest, as reflected in Table 10, indicating that staff felt too much emphasis was put on administration and too little on clinical work. Kinman and Jones' (2004) respondents also felt they had too much administrative paperwork, with 65% agreeing or strongly agreeing.

Table 10 Emphasis in Job (Q20)

My institution places too much emphasis on... (1 – 5 scale)	HEI Mean	HEI Std. Dev.
... administration	3.96	1.122
... income generation	3.35	1.041
... research	2.69	1.339
... teaching	2.60	1.267
... student support	2.53	.952
... consultancy work	2.40	.893
... clinical work	2.00	.619
Total responses	49	

There was no significant difference between the HEIs with respect to emphasis on student support, consultancy work, clinical work, income generation or administration. However, there was a significant difference (value 14.545, $p < .001$) with respect to research, with the TU respondents indicating that they felt their institution placed too much emphasis on research.

There was also a significant difference (value 11.320, p. <0.01) with respect to teaching, with the UC staff indicating that they felt too much emphasis was placed on teaching. These findings would be in keeping with Watson's (2000a) portrayal of the different university types, as referred to earlier.

In response to Question 20, one respondent ticked each of the answers with one tick, but ticked administration with three ticks. Others elaborated with written comments on the questionnaire and in the focus groups:

"I really enjoy teaching students. But feel that the organisational structure creates administrative and procedural policies that hamper rather than help" (UC1504).

On administration and cross institution commitments - "And most of that is done for the love of the subject and that is the only reason those things happen because, for me, if you took some of that stuff away I would just think I wouldn't want to teach any more" (UCF2).

"we have gone from ... well up to 20 to 25 students a year on one site to 60 students a year on two sites ... and all the accompanying administration that goes with that and organisation, clinical placements and various other restrictions including validations and various other things that come along, has just completely wiped out my scholarly activity time. I just don't have any at all" (UCM).

Some variation in role emphasis was noted on the basis of institution mission and type:

"Relationships overall have changed since the emphasis moved from teaching/research to income generation" (NU1, 1867).

"And I would like to see much more emphasis on the research side" (UCM).

"I come from a new University and there was a very clear demarcation between face-to-face teaching and dedicated research time and curriculum development. And here it's, the whole focus is towards face-to-face teaching and curriculum development and very little scholarly activity" (UCF2).

On another question, only 25% of respondents indicated that they had had clinical experience in the previous 12 months. Lack of clinical time was raised by a number of respondents, with some variation in approaches across disciplines and institutions noted:

"I can't imagine if we'd identified that (clinical) clearly on our annual development review then there wouldn't be planning for us" (NU2M).

"On clinical ...we treat requests equally in terms of whether its practice or education" (NU2Man.)

Respondents in this survey were asked to indicate their views on their pay and conditions, which tended to be neutral or slightly negative. Respondents were most negative about the lack of reward for acquiring new skills and competencies (mean 2.27). There was no significant difference with respect to satisfaction with pay and conditions by virtue of age, gender, discipline or HEI. Nor was there any significant difference with respect to the perception of career opportunities.

These views were confirmed in the focus groups and interviews:

"I feel valued in my organisation both at a local and College level. However I feel exploited as whilst I do many more institutional roles – e.g. Chair of Validation etc than my colleagues, this not reflected in enhanced status or pay" (UC1817).

Two participants raised issues with how staff at the TU were compensated:

"I moved from a university college... I'd like to go back to having a contract, definite leave, and so on" (TUF1).

"The heads have a significant workload but no recognition" (TUF3).

There has been increasing interest in pay and conditions as the NHS unrolls a new scheme, 'Agenda for Change' (NHS, 2002b), as referred to earlier, and was alluded to by some respondents:

Just... whether the pay structure in the NHS can match this now is a big question" (NU2M).

"Recruiting does get a little bit difficult from time to time... and also its difficult now to compete with the NHS salaries particularly when people get regional allowances and on-call allowances and so forth so when you start taking that off and equating that with senior lecturer salary ..." (NU2Man.)

The changes in the NHS may impact on recruitment and retention of this group of staff in HE in the future.

4.3.3. Appraisal

Of the 49 respondents to this question, 78% (n.38) indicated that they had had an appraisal in the previous 12 months, a very similar result to that in the WERS at 79%. This contrasts favourably with the NHS Survey and the Guest and Conway's (2004) result of 65%. The NHS Survey described how the percentage of staff who had had an appraisal in the previous 12 months could be combined with three of the questions to give an overall score on how well structured the appraisal was. In the NHS Survey only 36% of respondents had had a well structured appraisal in the previous 12 months, while in this survey 55% of respondents had had a well structured appraisal in the previous 12 months. The difference between disciplines and institutions was not significant.

Comments made at the focus groups and in the interview reflected a range of views:

"We have an appraisal system but no overall strategic vision on research or scholarly direction" (TUF3).

"I think there's lip service paid to development and CPD by the appraisal system" (UCMan.)

One UC respondent elaborated on the question 'did the appraisal leave you feeling your work is valued by your employer?' by noting on their questionnaire "manager –yes. Employer – no" (UC1814).

This respondent seemed to feel satisfied with the value their line manager or appraiser attributed to their work but did not feel valued by their employer or institution management. This view was shared by some of the other respondents, as reflected in Table 25.

4.3.4. Learning, Training and Development

In their WERS Survey, Cully et al. (1999) noted that 60% of all employees had received some training in the previous 12 months, with 18% receiving at least 5 days.

In the NHS Survey, 89% of staff reported having received some training or development in the previous 12 months. In contrast to these surveys, it can be seen from Table 11 that all the respondents in this study had received some opportunity to engage in either scholarly activity/research, attend external conferences/ workshops or attend taught courses in the previous 12 months, provided or paid for by their employer, as might be expected of a HEI employer, as reflected in the table which follows. There was no significant difference between HEIs with respect to the opportunities accessed by respondents. The most frequently accessed type of training, learning and development was e-learning.

Table 11 Learning, Training and Development Attended in Previous 12 Months (Q9, 10 & 11)

Type of Learning, Training and Development (Number of days)	HEI f	HEI Valid % 1 day or more	NHS % Yes
Own scholarly/research activities	42	86%	n/a
Attended external workshop or conference	38	78%	n/a
Attended taught courses provided for or paid for by employer	31	63%	81%
Total Responses	49		

The greatest single reason given for staff not accessing training, learning and development opportunities was difficulty taking time off work, as reflected in Table 12. Only 14% (n. 7) of respondents indicated that their HEI employer had a policy of 'protected time' for learning, training and development. Fifty per cent (n. 24) indicated that their HEI employer did not have a policy of 'protected time'. The remaining 35% (n. 17) did not know either way. Questionnaire respondents and participants at the focus groups made similar comments about 'protected time' and conflicting demands being made on their time:

Scholarly/research – “not ring fenced”. Protected time -“Individually negotiated” (TU1671).

“To be honest, the only courses I am ever going to do are something I am presenting at. Because of the time. Because of time availability” (UCF1).

“Most scholarly/research time is used for planning and prep” (NU2, 1530).

Table 12 Reasons for not Accessing Learning, Training and Development Opportunities (Q13)

Have you experienced any of the following difficulties obtaining training from your employer? (Tick all that apply)	HEI f Yes	HEI Valid % Yes
Difficulty taking time off work	31	63%
Training at inconvenient times	25	51%
Difficulty to get cover for my work	13	27%
Lack of funding	10	20%
Training at inconvenient places	9	18%
Difficulty finding time for personal reasons	8	16%

Attendance at workshops and courses varied with the UC restricting staff attendance:

“... well there is money there ...”(UCM). “It’s very difficult to access it though ...” (UCF1) “But if its CPD courses then it ... they expect you to do the in-house ones. If you wanted to go and do go to a conference about Paediatric Radiography you would struggle to get on” (UCF2). “Well I mean there are a few silly rules aren’t there like you can’t have two people from one Department going to the same conference which is absolutely ridiculous” (UCF1).

“The institution offers, and I use that word reservedly, twenty-five days a year for scholarly activity, research, CPD. Which will include clinical updating...In practice people don’t get to take time if you are under-staffed. We are probably, for various reasons, four down across the board” (NU2man.).

External workshops or conferences - “Mostly attendance where I am a speaker” (NU2, 1530).

Funding was perceived as an issue, particularly at the TU:

“We are supported with time for PhDs but not for other qualifications. We sometimes have to fund ourselves” (TUF2).

“We have no scholarly hours allocated but we are expected to do research and generate funds for research” (TUF1).

Management support for training and development also varied:

“Well the contract says their entitled to one day per week for 38 weeks of the academic year. Some take it, some take it in excess and some don’t” (NU2Man).

“Basically the general rule seems to be if it can be run in house then staff have got free access to it really. We just have to get our time covered by colleagues or bought in from external lectures like from other provisions that could come in and cover us to allow us to go off and do other things. If its external then we have to go through the same funding application process as anybody else, it goes on as I understand it on demand, need, prior experience” (NU2M).

Research. "We've got a very strong designated department for research and they are very pro-active" (NU2M).

"There is a strong message that it is up to individual as to how they manage to release time for clinical and/or research" (TUF3).

Respondents were also asked to comment on any benefits they had had from engaging in learning, training and development opportunities in the previous 12 months. Their responses were as in Table 13 which follows. Failure to stay up-to-date with statutory requirements could have serious implications for individuals and their employers.

Table 13 Gains from Learning, Training and Development in Previous 12 Months (Q15)

Gains from Learning, Training and Development in Previous 12 Months (Tick all that apply)	HEI f Yes	HEI Valid % Yes
Helped me to stay up-to-date with the job	34	70%
Helped me to stay up-to-date with professional requirements	30	61%
Helped me to do my job better	26	53%
Helped me to stay up-to-date with statutory requirements	15	30%
Improved my chances of promotion	4	8%

While this group of staff had access to flexible working options and a range of training, learning and development opportunities the most significant block for the majority of the respondents to accessing them appeared to be lack of time. This has serious ramifications for professional development and ongoing HPC registration, which will be explored further in the Discussion Chapter.

4.3.5. Work-Life Balance

Work-life balance has taken increasing prominence in recent years, partly due to changing legislation and associated expectations of employees (see Section 2.2.5.2.).

In the following section results on the hours respondents were contracted to work, additional hours worked, the reasons for working additional hours and travel time will be reported. Consideration will also be given to the associated areas of access to flexible work and care options and counselling and occupational health availability at work. Respondents' perceptions of their work-life balance and the support that is given by the institution and their managers for their work-life balance will then be canvassed. Their feelings of pressure with respect to work-life balance will also be explored. Finally, the results will be considered in the light of other key findings.

Questions around work-life balance evoked strong responses from respondents. While this was consistent across all respondents, a pattern begins to emerge of difference in responses by virtue of institution and possibly discipline.

4.3.5.1. Contracted Hours

When introducing the section on working hours, the authors of the NHS Survey note the relevance of working hours to performance, health and family life. In this survey 84% of respondents indicated that they were contracted to work between 31 and 40 hours a week, with a mean of 34.8 hours. Some wrote negative comments on their questionnaires:

"No specific contracted hours but we usually do a 9-5 day in college then marking and some prep on top" (UC1504).

"35 hours ++at the discretion of the head of department" (TU2277).

As noted earlier traditional universities do not normally state contracted hours. This was confirmed by 7 of the respondents at the TU, who noted on their questionnaires that they did not work to contracted hours nor did they have an annual leave allowance per se.

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As noted earlier traditional universities do not normally state contracted hours. This was confirmed by 7 of the respondents at the TU, who noted on their questionnaires that they did not work to contracted hours nor did they have an annual leave allowance per se.

There was no significant difference between groups with respect to gender or age on this question. However, there was a difference (value 6.963, $p < 0.10$) with respect to university. More staff at the UC worked longer hours (11- 20 hours more than their contracted hours), while more staff at the NU2 regularly worked less than 10 hours over their contracted hours. There was also a difference between disciplines (value 8.229, $p < 0.10$), with physiotherapists working the least additional hours.

Table 14 Reasons for Working More Than Contracted Hours (Q2)

I work more than my contracted hours... because its (Yes – no)	HEI Mean	HEI Rev. Mean	HEI Std. Dev.	HEI f Yes	HEI Valid % Yes	NHS %
Necessary to meet deadlines	1.09	3.91	.285	42	91%	50%
Impossible to do job/get job done	1.13	3.87	.337	41	87%	46%
Don't want to let people down	1.23	3.77	.428	36	77%	60%
Best experience students/patients	1.27	3.73	.451	32	72%	64%
Enjoy my job	1.44	3.56	.503	25	56%	44%
Money						27%

The main reasons respondents worked more than their contracted hours is reflected in Table 14 above. The majority (87%) of respondents in this study also felt strongly that it would be impossible for them to do their jobs if they did not work additional hours, again in contrast with the NHS at 46%. It is noticeable that respondents in this survey indicated that the main reason they work additional hours is to meet deadlines (91%), in contrast with only 50% for the NHS.

4.3.5.3. Travel

It is now common for HEIs to operate from more than one campus, in many cases requiring staff to travel between the various sites on a regular basis, as noted in Table 15 below. This was felt to possibly be relevant to work pressure and work-life balance, although some people may find the travelling relaxing. Twenty six (53%) of the 49 respondents to this question indicated that they are required to work across more than one campus. There was no significant difference between the disciplines or HEIs with respect to time spent travelling between campuses.

Table 15 Time Spent Travelling Between Campuses (Q7c)

Time Spent Travelling Between Campuses Per typical term time week	HEI f	HEI Valid % Yes
Less than 1 hour	3	12%
1 to 2 hours	7	27%
2 to 3 hours	3	12%
3 to 4 hours	3	12%
4 to 5 hours	6	23%
More than 5 hours	4	15%

Travel time was a major issue at the UC where a new campus had been opened some distance from the main site. While staff indicated the distance, it has been excluded from their comments as it would be easy to identify the institution if it were included. Their comments at the focus group follow:

"We have now split it between here and ..., it was kind of like, yeah just split it, we have another campus at Oh never mind it's only XX miles between, you'll be able to drive up and down the motorway just to do the same lectures, that won't be a problem. And they haven't taken into account that, actually, if we are going to do parity and equity and we are going to deliver the same content it's not just a case of sharing your files or your handouts, sometimes if it's your specialist subject, you are going to have to go and deliver it. And so all of us are, everybody, is up and down the motorway at least once a week" (UCF1).

Participants in the focus group were clearly very agitated about this decision so it was explored further by me:

Was there any consultation on that change at all? (MH)

“No” (UCF3)

So it was just, we’re opening at ...? (MH)

“Well there was and we said we didn’t want to do it! But ...” (UCF2)

Participants of the focus group indicated that some staff had left the institution over these changes (see comments in section on Intention to Leave, Section 4.5.2.).

4.3.5.4. Flexible Working and Care Options

In keeping with the NHS Survey, the responses were combined to create a score for the range of flexible working opportunities. All ‘don’t know’ responses were ignored. In the NHS Survey the overall average score was 2.7, on a 5 point transformed scale. The overall average score on this survey was 4.4, reflecting the high availability of flexible options in HE, as indicated in Table 16 below. The overall range in the average transformed scores for flexible working across disciplines was from 4.26 to 4.87 and for institutions it was from 4.15 to 4.62.

Table 16 Flexible Work Options (Q4)

Options on Offer (Yes, no, don’t know)	HEI f Yes	HEI % Yes	WERS % Yes	NHS % Yes
Home working	49	100%	9%	16%
Study leave	44	94%		
Team decision	38	81%		44%
Flexitime	24	55%	32%	40%
Job sharing	23	55%	16%	47%
Development leave	21	48%		
Reduced hours	17	43%		46%
Annualised	15	34%		13%
Career breaks/parental leave	13	30%	28%	33%
Flexible retirement	5	11%		21%

While flexible working options may be provided by an employer they cannot always be accessed. In the WERS (Cully et al., 1999) 46% of employees indicated that they could not access any flexible or family friendly options, similar to Guest and Conway's (2004) 39%, but in contrast to only 15% in the NHS Survey and 16% on this survey. In the NHS Survey 66% of respondents' requests for flexible working options were granted fully, while 21% of requests were partially allowed. As shown in Table 16 better results were noted on this survey, with 81% (n. 26) of respondents' requests for flexible working options being granted fully, while 19% (n. 6) were partially allowed.

Some respondents were particularly positive about the flexible working options available to them:

"I think we are very well supported. My immediate manager is very feisty, if the works done she doesn't worry where it is done. She positively encourages us to take a day off" (NU2M).

"I did not find this so flexible within the Health Service, and I see this flexibility as very positive" (UC1503).

Others found the reality of accessing flexible options problematic:

"I would like to undertake study and research and though the organisation supports this in theory, it is very, very difficult to find the time if you have a family and cannot work at home out of "office hours" (UC1504).

While 48% of respondents had children living with them there was relatively little awareness of care options available to them.

4.3.5.5. Counselling and Occupational Health at Work

Of the 48 respondents to the question 'do you have access to counselling at work?' 81% (n. 39) said they did, while 2% (n. 1) said they did not. Importantly, 17% (n. 8) said they did not know.

Similar responses were given to the question 'do you have access to occupational health services at work?' with 77% (n. 37) of the 48 respondents indicating they did, 2% (n. 1) they did not and 21% (n. 10) they did not know.

4.3.5.6. Perception of Work-Life Balance and Pressure Felt by Staff

The importance of workload to feelings of pressure, stress and work-life balance was noted earlier. Work-life balance and pressure felt by staff were recurring themes in this survey. Some of the results relating to work-life balance were explored in Sections 4.1.7., 4.1.8, and 4.1.9., regarding contracted hours, additional hours worked and time spent travelling.

The NHS Survey allowed for transformed average scores to be calculated across a series of other questions related to work-life balance and feelings of pressure. The report's authors explained the ratings, with a score of 1 reflecting virtually no pressure and 5 extremely high feelings of work pressure. The NHS average was 3.2, while this survey's average was slightly higher at 3.29. Additionally, 66% of respondents in this survey had scores of 3 and above, while only 49% of NHS respondents had scores of 3 and above, indicating that staff in HE feel more pressurised than those in the NHS. Respondents' views on why they worked additional hours were canvassed, as reflected in Table 14 earlier. Their responses to their perception of work pressure are reflected in Table 17 over. Sixty five per cent of the NHS Survey respondents indicated that they routinely worked additional hours due to pressure or demands of the job. In sharp contrast, 98% (n. 46) of respondents on this survey indicated that they worked additional hours because of pressure and demands of the job.

Respondents were vocal on this issue, on their questionnaires and at the interviews and focus groups, with comments reflecting the questionnaire findings. Negative views, all expressed by UC staff, included:

"I am utterly exhausted with trying to make a silk purse out a sow's ear!" (UC1508)

"Yes, I am allowed to leave at 3 o'clock but my workload doesn't allow me to do that" (UCF1, part time member of staff).

"so I think the work life balance, mainly is due to this massive increase in workload and the staffing issues that needed to address this just haven't been addressed! (UCF2)

So, I have got a choice of either not doing my job or doing it badly or sacrificing these other areas" (UCM).

"I feel guilty though if I read a book other than an educational book of an evening" (UCF1).

"Staff have been off with stress-related illness" (UCF4).

One respondent expanded on time spent travelling:

"I know it is my choice but I frequently come in at weekends or stay late and come in early – to get a parking space, avoid the traffic jams, gather my thoughts before another hectic day. However, I also do this to meet deadlines and to keep on top of the workload" (TU1880).

Table 17 Perception of Work Pressure (Q17d, e & f)

Perception of Work Pressure (Scale 1- 5)	HEI Mean	HEI Std. Dev.	HEI % Agree	NHS %
I have taken on increased responsibilities in my job over the last year	4.22	.872	86%	
I cannot meet all the conflicting demands on my time at work	3.86	1.080	78%	41%
There are too few staff so I feel overloaded at work	3.69	1.176	61%	
Total Responses	49			

There were some differences between institutions and disciplines with respect to feeling of work pressure. Staff at the UC felt most pressurised with an average of 3.50, followed closely by the TU at 3.37. The NU2 average was 3.03. This difference between institutions was significant (value 9.404, p. <0.01).

Physiotherapists felt least pressurised of the three disciplines, with an average of 2.99, occupational therapy at 3.29 and radiography at 3.47. This difference was significant (value 12.599, p. <0.01). There was no difference with respect to gender or age.

In a related question, 18j, as to how satisfied they were with the amount of time they had have to carry out their work in contracted hours, again on a scale of 1-5, with 1 very dissatisfied and 5 very satisfied, the mean for this sample was only 2.22. Pressure of work seems a major factor for those in this survey.

There was also a significant difference between the institutions (value 12.256, p. <0.01) and disciplines (value 9.690, p. <0.01) with respect to their views on the impact of staffing and their feeling of work pressure. Respondents at the UC felt most strongly, followed by those at the TU and the NU2. The radiographers were followed by occupational therapists and physiotherapists with respect to how strongly they felt about having too few staff and its impact on their workload.

4.3.5.7. Institution's and Manager's Commitment to Work-Life Balance

4.3.5.7.1. Institution's Commitment to Work-life Balance

In the introduction to their results on work life balance, the authors of the NHS Survey note that employers are becoming increasingly aware of the need to support a work-life balance for staff. In the NHS Survey many respondents indicated that they felt that their employers had a positive attitude to supporting their work life balance. This result is in contrast to the findings on this study, as will be explored in this section.

There was a negative response to the survey question (3a), as to how committed their institution was to helping staff balance their work and home life. The mean for this question was 2.48. However, there was a marked variation between institutions, with 81% (mean 2.00) of NU2 staff strongly agreeing or agreeing, in contrast with 70% (mean 2.30) for the TU and for the UC 33% (mean 3.22). The correction continuity on the Pearson Chi-Square Test (see results in Table 18) noted differences between the HEIs, with NU2 staff been most positive and UC staff most negative. There was also a difference between disciplines, with physiotherapists feeling most positive, followed by occupational therapists. A difference was also noted between age groups. The two younger age groups, 31-40 years and 41-50 years were least satisfied with their institutions' support for their work-life balance. There was no significant difference with respect to gender.

Table 18 Institution's Commitment to Work-life Balance in Relation to Individual Variables

Institution's Commitment to Work-life Balance (Q3a)	Value	df	Asymp. Sig. (2-sided)	Probability
Gender (Q31a)	.370	1	.543	
Discipline (Q36)	5.056	2	.080	p. <0.10
University	6.763	2	.034	p. <0.05
Age (Q31b)	7.088	2	.035	p. <0.05

There were some important associations between the institution's commitment to work-life balance and other questions, as reflected in Table 19. It is particularly noteworthy that there was a positive association between the institution's support for work-life balance of staff and their perception of the organisation and their intention to leave.

Table 19 Institution's Commitment to Work-life Balance in Relation to Other Key Questions

Institution's Commitment to work-life balance (Q3a)	Value	df	Asymp. Sig. (2-sided)	Probability
Senior management leadership (Q22)	.000	1	1.000	
Support from supervisors (Q21)	3.327	1	.068	p. <0.10
Perception of work pressure (Q17 d, e, f)	7.360	1	.007	p. <0.01
Work-life balance - manager's support (Q3b)	8.476	1	.004	p. <0.01
Perception of organisation (Q23)	9.846	1	.003	p. <0.01
Intention to leave (Q19)	14.475	1	.000	p. <0.01

The relevance of the findings will be discussed further in the Discussion Chapter, which follows.

4.3.5.7.2. Manager's Commitment to Work-life Balance

Respondents' view of their immediate manager (Q3b) was slightly more positive than their view of their institution's support, as noted above. The mean on the question relating to being helped by their manager to find a good work-life balance was 3.10, while it was 3.77 on the question about being able to approach their managers about flexible working hours. However, only 40% of respondents agreed or strongly agreed that their manager was helping them to find a good work-life balance, with 33% strongly disagreeing or disagreeing.

There was a difference (value 4.759, p. <0.10) between institutions with respect to the perception of manager's commitment to supporting staff achieve a work-life balance, with the NU2 being viewed most positively, followed by the UC. In this instance the TU staff felt least supported by their managers. There was no significant difference with respect to discipline or gender.

Table 20 Manager's Commitment to Work-life Balance in Relation to Other Key Questions

Manager's Commitment to work-life balance (Q3b)	Value	df	Asymp. Sig. (2-sided)	Probability
Intention to leave (Q19)	.350	1	.554	
Perception of organisation (Q23)	2.716	1	.099	p. <0.10
Perception of work pressure (Q17 d, e, f)	3.412	1	.065	p. <0.10
Support from supervisors (Q21)	4.538	1	.033	p. <0.05
Work-life balance – institution's support (Q3a)	8.476	1	.004	p. <.0.01

It is of interest that the manager's commitment to staffs' work-life balance did not impact on the respondents' intention to leave but had some impact on their perception of the organisation and their feeling of work pressure. It is unsurprising that there seemed to be some association between how respondents viewed their supervisors and their perception of the institution's support for their work-life balance and their manager's commitment to their work-life balance. It is of note that the manager's commitment to work-life balance had less impact on respondents' perceptions than the institutions' commitment to their work-life balance, as reported in Table 19 earlier.

4.3.6. People Management Summary

The results reported above covered job design, pay and conditions, appraisal, teaching, learning and development. It is interesting to note that for the most part there was no significant difference between HEIs or disciplines in the responses on these HRM practice areas. The one notable exception was on the emphasis in jobs, with the TU having a greater emphasis on research and the NU on teaching, as would be expected.

While respondents were mostly fairly content with their job design, including team working, there were very real concerns expressed regarding their not being able to cope with the conflicting demands made on their time. This is something which was echoed throughout the study and was considered in some depth in the section on work-life balance. Results here indicated that respondents routinely worked over their contracted hours to do their jobs and felt that their work-life balance was being compromised, resulting in many feeling the pressure of work. Many felt poorly supported both by their institutions and their managers in this regard, and this impacted on their view of their organisations. While flexible working and care options were available these were not always able to be accessed. Occupational health and counselling services were available to respondents but there were no indications that these were used to support them in finding solutions to work-life balance issues.

Very significant findings for these disciplines were the results which indicated that the majority of the respondents were not able to access time for clinical and/or scholarly activity. When considering the impact of training on staff and the employment relationship, Cully et al. (1999) make two proposals. They suggest that the extent to which the employer is meeting employee's needs could be measured by the structures which they have put in place to support individual's progression and development. Their other proposal is that training and skills development might be considered as a way of encouraging employee commitment. Additionally, only 30% of respondents felt they were keeping up to date with statutory requirements. This has major implications for them and their employers, as will be discussed in the Discussion Chapter. Respondents were neutral or negative about their pay and conditions which may become increasingly relevant as the Department of Health unrolls its Agenda for Change pay and knowledge and skills framework.

While the majority of respondents had participated in appraisals, 55% of which were considered to have been well structured, there did not appear to be a good link between appraisal and the access to appropriate training, learning and development or clinical opportunities. Taking time off work was the most significant reason for not pursuing opportunities available to them.

These issues have important ramifications for individuals and their employers and may be a reflection of the context in which the HEIs work. A trend was noted with respect to differences between disciplines and institutions, indicating that while the problems were shared there were different ways of responding to them which appeared to influence respondents' views.

4.4. Work Context

An understanding of the external and internal context, including organisational culture and climate, has already been highlighted as important to the understanding of the employment relationship and the experience of work (see Section 2.2.3). Some key internal and external contextual issues were highlighted by respondents, as follows.

As noted earlier, increases in student numbers and changes in the mode of delivery of programmes have occurred, partly in response to the NHS Plan (DH, 2000). Respondents commented on the impact these changes have had on their day to day work:

"So we have expanded exponentially" (UCF2).

"Well within Radiography I think there has been a 25% increase in the number of students and a 5% decrease in staff nationally" (UCM).

The response to professional body demands with respect to curriculum content, student to staff ratios and professional standards were raised by a number of people, as follows:

“we have a full timetable because that is dictated by professional bodies ... the other two Faculties only have their students in for 36 weeks, we have ours in for 42 ... we worked out there is only a four-week gap now, I think at the end of August and beginning of September, when there are no students in Health and Social Care around” (UCF1).

“because of the nature of our professional programmes we do acknowledge that there are times of the year where staff are under a lot more pressure than others ... school is open 50 weeks of the year” (NU2Man.).

The impact of quality assurance processes was noted by one manager:

“I suppose the obvious the thing that has come along from HEFCE are really about quality, performance about the units of resources, I think the thing that comes from HEFCE is the volume of data they are requesting which is going down very much the health route in terms of presenting data for the NHS on such a regular basis its become like a cottage industry in itself” (NU2Man.).

This comment echoes the findings of the Kinman and Jones survey, in which 79% of respondents indicated that too much emphasis is placed on quality assurance, with 42% feeling it compromised their professional independence.

Institutions have choices in how they respond to external demands and differences begin to emerge across the institutions and disciplines in the section on management and leadership which follows.

4.4.1. Line Management/Supervision

Staff interact with their immediate managers as they implement human resource management practices on a day to day basis. Guest and Conway (2004) reported 47 % of their respondents had trust in their immediate manager, while in the NHS Survey it was reported that staff were “generally fairly satisfied” with their managers.

The mean on the NHS Survey was 3.5, while on this survey it was 3.66, reflecting that staff in this survey have slightly higher levels of satisfaction with their managers than those in the NHS. There was some variation between the institutions, with staff at the NU2 indicating, with an average of 4.16, that they were more satisfied with their managers than staff at the TU at 3.5 and the UC at 3.4. This difference was significant (value 10.721, $p < 0.01$).

There was also some difference in how the disciplines viewed the support they had from their managers, with physiotherapists at 4.33 and occupational therapists and radiographers at 3.46. This difference was possibly significant (value 4.894, $p < 0.10$). Respondents felt they would be well supported in a personal crisis but were less confident in their managers' ability to deal with absenteeism and poor quality work. Respondents felt much more positive (65% agreeing or strongly agreeing) than in the NHS survey (47% agreeing or strongly agreeing) about their involvement in decision making about their work.

4.4.2. Senior Management Leadership

On the question relating to senior management leadership the responses were summed and transformed. On a 1 to 5 scale, 1 was seen to reflect very poor leadership and 5 excellent leadership. On the NHS Survey, the average transformed score was 4.0, while on this survey the average score was 4.4. Respondents had a positive view as to the senior management's ability to deal with vision and new ideas, students' needs and links to organisations and the community. In the NHS Survey, 56 % of staff thought their senior management had a clear vision of where the organisation was headed, while 79% did on this survey. However, many respondents were negative about their senior managers' ability to deal with problems in the workplace and to treat staff equitably.

The results reflected no significant difference between respondents with respect to age, discipline or gender, but a possible difference with respect to HEI, in favour of the NU2 (value 7.741, p. <0.05). The NU2 and TU average transformed scores were at 4.88 and 4.66 respectively, whilst the UC was least positive at 3.75.

These results on the questionnaire were mirrored in the comments on questionnaires and in the focus groups and interviews. Staff were very positive at the NU2:

"This organisation is very supportive and does listen to individual concerns. An example of this is the approachability of the Dean of School and the fact that they know everyone by name, will stop and pass the time of day, etc." (NU2, 1522).

Interestingly, staff at the TU were rather neutral in their comments on their senior management:

Senior management – "Don't know. I wouldn't recognise them but guess must be positive as there's nothing major wrong" (TUF2).

"I don't know the Dean of our Faculty" (TUF1).

Staff and managers were mostly very critical of the senior management team at the UC, although a manager did try to give a more balanced view:

"without ...looking at the overall picture and where the problems are and, oh we must do this now, and then everyone starts running round like headless chickens and I feel as though we have lost direction and lost focus and sort of forgot where we should be going" (UCM).

A negative view was expressed about senior management – "I think it's quite strong at the moment. Management really couldn't organise a piss up in a brewery! There you go!" (UCF1).

"I have a feeling that the Senior College Management team has no idea what we do, what we're about, ... no idea of what problems we face or anything" (UCM).

"We're really negative of the organisation and management" (UCF2).

"It's the complete lack of transparency and process" (UCM).

"And no sense of how you can influence things, you know, other than we talk to OUR boss but then there's no sense of how we can, or even she, can pursue things through the cycle ..." (UCF3).

"There's no sense that in any way we are influencing other than in a sort of marginal way via our boss. If you happen to have a boss who is "in" and vocal and that then you may get there and I mean, I think the culture is changing in the UC and I think it's getting less, sort of, a group of the lads who make the decisions"(UCF3).

"Our Principal does an address once a year and, this just smacks of the organisational problems as I see it. I came back; someone goes 'where have you been'? I said 'I've been to assembly!' I opened my mouth before I realised what I'd said and I don't go to that any more because, as far as I'm concerned, it's a complete and utter waste of time because, what he does, is he presents for an hour and leaves no time for questions and answers" (UCF1).

"AHPs have certain weekly challenges that need to be taken into consideration and I am sure other areas of study also have unique elements that need to be taken into consideration and I feel, to some extent, that the Senior Management Team probably "opt out" of many decisions that we might make because of a lack of understanding" (UCMan.).

"I think that largely within my confines of experience, that the UC is a very good employer. I'm not saying it's perfect by any means but I haven't met a perfect employer yet" (UCMan.).

The results presented in Table 21 reflect a possible relationship between perceptions of the senior management leadership and support from supervisors, job satisfaction and perception of the organisation but not with intention to leave. These findings have implications for the leadership and management of HEIs, which will be explored in the Discussion Chapter.

Table 21 Perception of Senior Management Leadership in Relation to Other Key Questions

Perception of Senior Management Leadership (Q22)	Value	df	Asymp. Sig. (2-sided)	Probability
Work-life balance – institution's support (Q3a)	.00	1	1.000	
Job content and involvement (Q17)	.001	1	.973	
Work-life balance – more than contracted hours (Q2)	.069	1	.793	
Work-life balance – manager's support (Q3b)	.973	1	.324	
Intention to leave (Q19)	1.766	1	.025	
Support from supervisors (Q21)	4.493	1	.034	p. <0.10
Job Satisfaction (Q18)	5.223	1	.022	p. <0.10
Perception of organisation (Q23)	5.888	1	.015	p. <0.10

4.4.3. Perception of the Organisation

Scores on Question 23, relating to respondents' perceptions of the organisation, were scaled as recommended in the NHS Survey. The overall average score on the NHS Survey and this survey was a neutral 3.1. Once again, in a similar pattern to other results, there were institution and discipline differences with respect to the respondents' perceptions of their organisations. As with previous results the NU2 scored a higher average at 3.70. The TU at 2.97 and the UC at 2.77, were less favourable. This difference is significant (value 13.370, $p < 0.01$). Physiotherapy again had the highest average at 3.79, followed by occupational therapy at 2.96 and radiography at 2.88. This difference was possibly significant (value 7.365, $p < 0.05$). There were no significant differences noted with respect to gender or age.

The results in Table 22 reflect that working more than their contracted hours and job design did not impact on respondents' perception of the organisation but the other factors listed did, particularly the institution support for work-life balance and support from supervisors.

Table 22 Perception of the Organisation in Relation to Other Key Questions

Perception of Organisation (Q23)	Value	df	Asymp. Sig. (2-sided)	Probability
Job content and involvement (Q17)	.000	1	1.000	
Work-life balance – more than contracted hours(Q2)	.140	1	.140	
Work-life balance - manager support (Q3b)	2.716	1	.099	$p < 0.10$
Intention to leave (Q19)	5.818	1	.016	$p < 0.05$
Job Satisfaction (Q18)	5.836	1	.016	$p < 0.05$
Senior management leadership (Q22)	5.888	1	.015	$p < 0.05$
Work-life balance - institution support (Q3a)	9.846	1	.002	$p < 0.01$
Support from supervisors (Q21)	10.095	1	.001	$p < 0.01$

The question on 'top priority for the employer' was changed from patient in the NHS Survey to student in this survey. Respondents' responses to Question 2 indicated that students were important to them, with 73% (n. 32) indicating that was one reason they worked over their contracted hours. Respondents were positive about the programmes run at their HEIs but were not positive about their managers, as is reflected in the results in Table 23. Communication appeared to be a particular issue.

Table 23 Perception of Organisation (Q23)

To what extent do you agree with the following? (Scale 1 – 5)	HEI Mean	HEI Std. Dev.	HEI % Agree	NHS % Agree
Would register on programme run by institution	3.85	.751	79%	54% (care)
Employer makes students top priority	3.09	.996	36%	48% (patients)
Management encourage new ideas	3.04	.999	45%	32%
Management involve staff in organisation	3.00	.956	36%	46%
Managers involve staff in important decisions	2.96	.999	34%	34%
Management and staff communication is effective	2.89	.961	34%	31%
Total Responses	47			

In the focus groups and questionnaires respondents also gave a number of different perceptions of their organisations. Staff at the UC tended to be very negative:

"I think we are dealing with intelligent people here and if they get this information then we can draw the conclusions. You know, even if they say look, we've got X amount of money and we have to make decisions about how we spend it, you know, it's just that we do not know that ..., the example of the new building when they invite us to a meeting to discuss it and when we get there they say, all the decisions have been made, this is really information. That is so typical of what, how I see things here, its like the Principal's address, we go and listen to how it's going to be, but there is no feeling that you are actually involved in that" (UCF3).

"One thing I think we're lacking as a Department is a vision, what direction are we going in?" (UCM). "I agree, I think we were incredibly reactionary. The fact that, you know, we've gone from one full-time programme to three full-time programmes, two part-time programmes, a two-year accelerated and all the public health programmes in three years. And its nuts, it's completely and utterly nuts, and we're all sort of sitting there like this, you know" (UCF1).

"And there's still a sense of an autocracy there that we know the decisions are made over there somewhere and that we really have no clear way of influencing those decisions or really getting there" (UCF3).

"So I don't think we have a lot of faith in the organisational structure is kind of what we're saying!" (UCF1).

Despite the consistent negativity directed at the UC, one interviewee said:

"It's a very warm organisation and I feel a lot of loyalty to it. I know people express less positive views but maybe their expectations are higher or mismatched" (UCF4).

However this was counted by another participant when commenting on attendance at social events:

"Used to but no longer do – the organisation has grown and changed and is no longer a really friendly place, it used to be" (UC1504).

Commitment to the TU was explained differently by two participants:

"We are all very committed to the students" (TUF3).

"I'm committed to the institution because of its name and profile. I grew up locally and am proud to say I work here" (TUF2).

Negative views were also expressed:

"The main pressure is teaching, with increased student numbers, the paper trail, quality assurance and research" (TUF3).

"There's no sense of belonging to the broader institution" (TUF2).

"We have a students' charter but not a staff one" (TU1880).

Participants in the focus groups were asked what they might change in their institutions. This evoked particularly strong views from the UC and TU staff, as reflected in some of the following comments, with a clear message that communication and staff involvement were indeed critical to their view of the employment relationship and the experience of work.

“Just sit down with, you know, some of the powers that be, I mean there may be things we don't know about ... but they could say these are some of the restrictions against which we are operating, so if we had some transparency the whole system, about how all the Faculties are operating, how the staffing levels are determined and sort of people's workloads and the chance just to exchange what our problems were and what their problems were, you know we could, we could negotiate and meet halfway, but we don't” (UCM).

4.4.4. Work Context Summary

The results indicate that this group of academic staff have demands made on them which are not shared by the more traditional disciplines. Respondents expressed strong view on a perceived loss of work-life balance and feelings of work pressure. However, responses to these demands and perceptions by the HEIs may differ. There was a consistent pattern again across the HEIs with respect to perceptions of management, senior management leadership and of the organisation, in favour of the NU2. There was also a fairly consistent pattern with respect to discipline with regard to line management and perception of the organisation, with physiotherapy being the most positive of the three disciplines. Working more than their contracted hours and aspects of their job demands were not associated with respondents' perceptions of their senior management leadership or of their institution. However, there was an association between the perception of the organisation and their views on the support the institution and their managers gave for work-life balance and with support from their supervisors. There were also possible associations between perception of the organisation and job satisfaction and intention to leave.

These findings begin to flesh out some of the issues which these staff face and how institutions differ with respect to how they deal with them. A theme emerges which could be interpreted as differences in leadership and management and organisational culture and climate, which may impact on how staff feel about their work and their commitment to their institution. This will be explored further in the following section.

4.5. Staff Attitudes

Respondents' job satisfaction and intention to leave will be considered in this section. Work-life balance is also relevant to this section but it was decided to include the findings in this regard earlier as they also had implications for the findings on leadership and management.

4.5.1. Job Satisfaction

Only 1 in 10 employees in the WERS were very satisfied with their jobs, while 2 in 10 were dissatisfied or very dissatisfied with their jobs. The NHS Survey (CHI, 2003c) reported that staff in the NHS were "generally fairly satisfied" (p. 15) with their jobs, supporting Guest and Conway's (2004) finding that the NHS staff reported higher levels of commitment than others in their survey. In the NHS Survey scores on job satisfaction were scaled to reflect how staff felt about their work, with 1 reflecting very unsatisfied and 5 very satisfied. Their average was 3.5. The result was similar for this survey at 3.57. Eighty three per cent of respondents had scores of 3 and above.

Respondents were also asked to comment on how satisfied they were with various aspects of their jobs, as reflected in Table 24, over.

The majority of the academic staff clearly enjoyed a higher level of autonomy than their NHS counterparts but interestingly the results on the amount of responsibility given were very similar at 67% and 69% respectively (Table 24). The respondents on this survey also indicated very clear dissatisfaction with the amount of time they had to carry out their work, a recurring theme for this sample, as noted earlier. All of the respondents were dissatisfied but the NU2 mean at 2.71 was slightly higher than the TU's at 2.40. The UC mean at 1.73 was the lowest. With respect to feeling that the employer valued their work NU2 had a mean of 3.71, TU 2.70 and UC 2.60.

Table 24 Job Satisfaction (Q18)

How satisfied are you with each of the following areas of your job? (Scale 1 – 5)	HEI Mean	HEI Std. Dev.	HEI % Agree	NHS %	K & J % agree
The freedom I have to choose my own method of working	4.06	.895	83%	63%	
The support I get from my work colleagues	3.87	.885	78%	78%	
The amount of responsibility I am given	3.74	.828	67%	69%	
The sense of achievement I get from my job	3.74	.999	71%		
The opportunities I have to use my abilities	3.72	.981	76%	65%	
The support I get from my immediate manager	3.70	1.102	63%	60%	63% *
The recognition I get for good work	3.36	.919	53%	43%	
The career opportunities I have available to me	3.04	.988	32%		33%
The extent to which my employer values my work	2.98	1.145	37%	43%	
The amount of time I have to carry out my work (during contracted hours)	2.22	.987	10%		

(*relationship with line manager)

There was a difference (value 5.129, p. <0.05) between the three universities with respect to how satisfied their staff were. This was also reflected when considering means, with the respondents at the NU2 reflecting an average of 3.99 on job satisfaction. This was supported by a comment by one of the interviewees at the NU2:

"My feelings are I'm very satisfied and all my colleagues in the team and externally to the Allied Health Professional team that I have contact with, yes, I've heard no gripes or complaints at all" (NU2M).

The respondents at the TU at 3.49 and the UC at 3.27 were less satisfied.

There were no significant differences between the feelings of job satisfaction on the basis of gender, job title or age. There was also no relationship between the feelings of satisfaction with career opportunities (Q18h) and gender. While the difference is not significant, physiotherapists were the most satisfied of the disciplines, followed by occupational therapists at 3.65 and radiographers at 3.29.

The results in Table 25 reflect that while the reasons respondents chose to work more than their contracted hours did not have a significant relationship with job satisfaction, some of the other factors did.

Table 25 Job Satisfaction in Relation to Other Key Questions

Job Satisfaction (Q18)	Value	df	Asymp. Sig. (2-sided)	Probability
Job content and involvement (Q17)	.391	1	.532	
Work-life balance – contracted hours (Q2)	.621	1	.431	
Job title (Q38)	2.320	1	.128	
Work-life balance – manager's support (Q3b)	2.568	1	.109	
Intention to leave (Q19)	3.063	1	.080	p. <0.10
Work-life balance – institution's support (3b)	3.327	1	.088	p. <0.10
Senior management leadership (Q22)	5.566	1	.018	p. <0.05
Perception of organisation (Q23)	6.197	1	.013	p. <0.05
Support from supervisors (Q21)	17.174	1	.000	p. <0.001

The factor with the strongest association to job satisfaction was support from line managers/supervisors, followed by senior management leadership and perception of the organisation. There was some association between job satisfaction and intention to leave and the institution's support for work-life balance. These are areas which are particularly relevant in that they have the potential to be addressed by institutions, as will be discussed in the Discussion Chapter.

4.5.2. Job Security and Intention to Leave

In the NHS Survey, 34% of staff often thought of leaving. Results on this survey were similar at 31% but lower than Kinman and Jones' (2004), who noted that a 3% increase in staff considering leaving higher education, from 44% in 1998 (Kinman, 1998) to 47%.

The NHS Survey again allowed for responses to three of a series of questions on intention to leave to be scaled and summed, with 1 indicating no intention to leave and 5 very keen to leave their jobs. The NHS average was 2.57, while the average on this survey was a little lower at 2.45. The results are summarised in Table 26.

Table 26 Staff Intention to Leave (Q19)

To what extent do you agree with the following? (Scale 1 – 5)	HEI Mean	HEI Std. Dev.	HEI % Agree	NHS % Agree
I feel my job is secure	3.70	.916	72%	
If I leave my current job, I would want to stay in higher education	3.28	.807	35%	52% (NHS)
I often think about leaving my current employer	2.76	1.233	31%	34%
I will probably look for a new job in the next year	2.41	1.127	17%	26%
As soon as I can find another job, I will leave my current employer	2.17	1.141	13%	

As staff intention to leave was considered the critical indicator of the respondents' organisational commitment, the association between the questions on staff intention to leave were considered using the continuity correction on the Pearson Chi-square Test. Results reflect that while there were no significant differences with respect to staff intention to leave on the basis of gender or age, there was a possible difference with respect to university (value 4.935, p. <0.10) and discipline (value 6.456, p. <0.05). Respondents at the UC were most likely to leave with an average of 2.73, while staff seemed stable at the NU2 at 2.00 and the TU at 2.23.

Participants in the focus groups also brought up two interesting points. At the UC staff had left because of the requirement that they travel to a new campus:

"And a couple of people left because of that, they didn't want to do that... You know, people didn't want to do it and so we have actually had people leave because of that and that was a hard decision for them. You know, they didn't want to leave but what choice did they have?" (UCF1).

A member of the NU2 staff suggested that being able to maintain clinical skills may in future impact on his intention to stay in higher education:

"I'll see how clinically active as I can be during the research process, and find out where to take that and beyond that, I don't know" (NU2M).

Physiotherapists were most likely to remain in their jobs in HE, with an average of 1.90, followed by occupational therapists at 2.35 and radiographers at 2.80. While some 35% indicated they would remain in education, 11% indicated they would not and 54% neither agreed nor disagreed they would stay in education. Fifty two percent of the NHS respondents on the NHS Survey indicated that were they to change their jobs they would remain in NHS.

Table 27 Staff Intention to Leave in Relation to Other Key Questions

Staff intention to leave (Q19)	Value	df	Asymp. Sig. (2-sided)	Probability
Work-life balance - contracted hours(Q 2)	.000	1	1.00	
Work-life balance – manager's support (Q3b)	.350	1	.554	
Support from supervisors (Q21)	2.515	1	.113	
Senior management leadership (Q22)	2.675	1	.102	
Job satisfaction (Q18)	3.06	1	.080	p. <0.10
Perception of organisation (Q23)	6.656	1	.010	p. <0.01
Work-life balance – institution's support (Q3a)	14.475	1	.000	p. <0.01

Results in Table 27 reflect that job satisfaction is positively associated with perception of the organisation and the institutions' support for work-life balance. There was also possibly some association between job satisfaction and staff's intention to leave. These are important findings because in disciplines which are expanding (see Section 1.5.2.) everything possible should be done to recruit and, importantly, retain effective staff.

4.5.3. Staff Attitudes Summary

Respondents were fairly satisfied with their jobs overall but had reservations about some aspects of their work, particularly the amount of time they had to carry out their work. They also tended not to be satisfied with their career opportunities and how their employer valued their work. There was a difference between the HEIs on these questions, continuing the trends noticed earlier. Job satisfaction was found to be associated with a number of other variables, including management, leadership and perceptions of the organisation and had the potential to impact on intention to leave. Despite this the workforce seemed relatively stable, more so at the NU2 and amongst the physiotherapists again. Staff intention to leave was associated with job satisfaction, perception of the organisation and the institution's support for work-life balance.

4.6. Summary of Results

While the small sample limited the ability to analyse the data statistically, the use at times of collapsed data and the continuity correction allowed for significance to be considered, highlighting some factors over others. When considered with the qualitative data from the questionnaires and the interviews and focus groups clear patterns emerged. The trends identified from the results are relevant to organisational culture and climate, particularly with respect to leadership and management and how this impacts on employees' perceptions and their experience of work. There were also very significant findings in relation to CPD and the failure to maintain clinical skills, which have important implications for the individuals, their institutions and the statutory body. Finally, work-life balance consistently was raised as an issue, raising serious questions about staff well being and the management of this important area. Results will be discussed in depth, in relation to key aspects of the literature, in the discussion which follows in Chapter 5.

Chapter 5 Discussion and Conclusion

5.1. Introduction

This study drew extensively on the models of HRM developed by Mitchie and West (2003) and Purcell et al. (2003a), as noted earlier. These models have a number of overlapping themes, including context, people management, psychological consequences for staff, and their resultant behaviour and attitudes, as demonstrated in Table 1.

Based on these themes, the individual's experience of work, their perception of the employment relationship and the underlying psychological contract were considered. The emphasis throughout the study has been on the individual's perceptions. The findings also allow for the exploration of the individual's experience of work and how this might impact on their job satisfaction, organisational commitment and intention to leave, and organisational citizenship behaviour, including discretionary behaviour, which are viewed as being critical to organisational effectiveness (Purcell, 2005, in development). The consideration of contextual factors, including the influence of professional and statutory bodies, gives an understanding of their impact on individuals and their HEIs, including with respect to the organisational climate, operational management and the experience of work, particularly with respect to work-life balance. The study has allowed for these models to be applied and developed further, allowing for new insight into the impact of the various factors and practices on the individual AHP's experience of work in HE.

Importantly, the findings of the study also allow for some conclusions to be drawn in relation to how the HEIs support the individual in developing and realising their potential (AMO and KSAs). The results also reflect how individuals have had difficulty in responding to the professional and statutory demands, with respect to their professional practice and personal development.

The vital role of the line manager and senior management leadership is identified, particularly with respect to the impact these have on an individual's perception of their organisation. These findings will be reviewed briefly and explored in light of the literature, providing an overview which will allow for conclusions to be drawn and recommendations made.

5.2. Consideration of the Findings

5.2.1. People Management

As noted earlier, in this study people management was taken to have a broad meaning, including the management of people and their work. The emphasis was on HR as a system and how it related to the performance or outcomes for the institution, and importantly, the role the individual had to play in achieving these outcomes, as a result of their sense of organisational commitment and discretionary behaviour. The critical consideration was the individual and his/her perceptions.

5.2.1.1. Quality of Job Design

The NHS Survey report's authors (Healthcare Commission, 2004a) were of the view that "Good job design is associated with high intrinsic motivation, good performance and retention, and low absenteeism" (p. 16). In apparent contrast to the very complex nature of job design in the HE sector, jobs in the health sector may lend themselves to easier description and definition. There is also a need to consider variation within HE, and Altbach (1995) comments on the dissimilarity in outlook between his example of a medical school professor and a scholar of medieval philosophy.

In this study while there was a difference between disciplines and institutions with respect to their satisfaction with job design, this difference was not significant. Bearing in mind the very strong external influences described in the Introduction Chapter, this is not unexpected. The majority of respondents felt their jobs were fairly well designed and were positive about team working. However, they were less positive about their manager's support. A theme begins to emerge with respect to a lack of work-life balance and difficulty in juggling conflicting roles, with the loss of opportunities to engage in clinical work and/or scholarly time, which will be explored further throughout this chapter.

Job content was explored by asking respondents to comment on their view of the emphasis their institution placed on aspects of the academic role. Administration featured strongly as a negative factor, as it also did in Kinman and Jones' survey (2004). The physiotherapists indicated that they felt least strongly of the disciplines on the emphasis on income generation and administration. The TU respondents indicated that they felt their institution put too much emphasis on research while the UC respondents felt too much emphasis was placed on teaching. These results support Rowley's (1996) argument that staff will be put under different pressures subject to where they work. The results would also be in keeping with Watson's (2000a) comparison of HEIs and the literature referred to in Section 2.1.1.

An important recurring theme in the results of this study emerges in this section, in that more than three quarters of respondents felt they could not meet all the conflicting demands which were made on their time. This could in part be attributed to the multiple and varied demands made on staff, which was perceived as a tension between different features of their work. This theme emerged strongly in questions regarding job design but also featured heavily in responses to other questions, which will be explored later.

In addition to meeting the challenges of multiple roles (see Section 2.1.6.) this group of staff should also meet professional and statutory body requirements (see Section 1.5.1.). Staff clearly felt the pressure of these demands, as is discussed later, but importantly three quarters of respondents were still failing to meet the demand for them to maintain their clinical expertise, as demonstrated clearly in the comment by one respondent that his clinical skills had “completely atrophied” (UCM1). This was despite the majority of respondents, across all of the institutions and disciplines, indicating that they felt more emphasis should be placed on clinical work. The implications of these findings have serious ramifications for the individual, the institution and professional practice and will be explored in more detail later.

This study found that the majority of respondents were satisfied with the design of their jobs, but were not all supported by their manager/supervisor in being clear about what their jobs were. On a level this is contradictory and seems to negate the independence and autonomy that academic staff would expect to enjoy (Bellamy et al., 2003). However, feedback on work is important and does not necessarily detract from autonomy. Cully et al. (1999) identify an associated consideration, job influence, which they divide into three areas: “how the work is done, pace of work, range of tasks undertaken” (p. 142). Not surprisingly they found that the level of job influence an individual may be able to exercise is subject to their level of employment, with professional employees being in a position to exercise the most influence. They also note that “job influence appears to have captured the essences of the implicit aspects of the employment contract” (p. 191). It would appear that it is job influence rather than autonomy which is lacking for this group of staff.

Team working is also considered to be an important consideration in job design. In this survey all respondents did work in a team and were mostly positive about how the team was structured and their manager’s support of team working.

Many of the teams were interprofessional, as would be expected given the strong government steer in this direction, as noted earlier. Despite this, when reviewing the findings of the study overall, there was a clear identification by respondents with their discipline, which will be explored further.

5.2.1.2. Pay and Conditions

Pay and conditions are an important consideration in the employment relationship. Pay and conditions are an issue across the sector and have been attracting considerable media interest over recent years, in response to the Government's steer to modernise pay structures and grading frameworks (The Universities and Colleges Employers Association, (UCEA), 2002). Pay and conditions are particularly important where recruitment is an issue, as is the case with this staff group, as noted in Section 2.1.7. Boxall and Purcell (2003) observe that "the employee is motivated to enter an employment relationship when:

- The benefits of doing so (such as wages, intrinsic enjoyment, social standing) outweigh the costs (such as increased stress and travelling costs);
- these benefits do so in the light of alternatives to that employment (such as alternative job offers or staying at home)" (p. 146).

In this survey respondents were either neutral or negative about their pay and conditions. There were no significant differences with respect to gender, age, discipline or institution. Respondents were particularly negative about the lack of reward for acquiring new skills and competencies. This is an issue for any staff group but could be viewed as especially relevant to academic staff because of the role they play in developing knowledge. Additionally, for AHP academic staff they also have the added responsibility of educating and training current and future health and social care professionals.

On one hand they have a requirement from their professional and statutory bodies with regard to engaging in ongoing CPD (see Section 1.5.1) but, on the other, their employers were not encouraging them, in reward or practical terms, to do so. By not actively supporting staff to meet these external demands the HEIs are effectively breaking their legal contract and their social obligations (Boxall and Purcell, 2003). They also place themselves at being at risk of breaking the psychological contract, in that academic staff from clinical backgrounds might expect to be supported in this regard, and may consider it to be part of the 'deal' (Guest and Conway, 2001). There is a risk that a "fundamental congruence problem" (Boxall and Steeneveld, 1999) has developed at the HEIs who are not fully supporting their staff, with respect to the demands made on them and their aspirations.

Only a third of the respondents were satisfied with their career prospects in HE. No difference was noted on the basis of gender, age, discipline or HEI with respect to satisfaction with career opportunities. Career prospects in broader HE roles may be restricted for these disciplines due to the relatively short period of time they have been part of HE, as opposed to the more traditional academic disciplines. Almost two thirds of respondents noted that their feeling of pressure of work was in part attributed to the employment of too few staff. There was variation across the HEIs and disciplines with staff at the UC feeling most strongly that they were understaffed, followed by the TU and the NU2. Physiotherapists felt least strongly. Participants in the focus groups and interviews had also identified staff recruitment as an issue. The manager at the UC was open about their staffing shortages but seemed to indicate that this was in part because of an institutional level decision not to follow external guidelines. This is in contrast to the interview with the manager at the NU2 who stated that his institution explicitly supported these guidelines. As student numbers are still expected to expand further (see Section 1.5.2.) this problem is probably only going to escalate with time. The associated pressure on staff is also likely to increase.

Butterworth et al.'s (2005) comment, that "employers of educators and researchers in health and social care in the United Kingdom are currently facing a crisis caused by under-recruitment, disparities in pay and reward and rigid or poorly articulated career opportunities" is pertinent (p. 86). These issues may become increasingly relevant as the 'Agenda for Change' and modernising agenda, including the knowledge and skills framework referred to earlier, have the potential to make the NHS more attractive as an employer. There may, however, be perceived non-financial benefits in remaining in education, for example working environment, facilities and the option of flexible working.

5.2.1.3. Appraisal

Appraisal is a key human resource management area which should be particularly relevant to HEIs who potentially invest much in the intellectual capital of their staff. In the study by Comm and Mathaisel (2003) individual performance plans were considered important to American academics' job satisfaction. They were thought to have the potential to foster autonomy, which was felt to be significant to the academic.

More than three quarters of respondents in this survey had had an appraisal in the previous 12 months, with a little more than half of these being well structured. Despite the HEIs having well structured appraisal systems in place, respondents' learning, training and development needs were not being fully addressed.

5.2.1.4. Learning, Training and Development

Learning, training and development is important to all employees but especially important to KIFs, with respect to the developing human and intellectual capital and organisational advantage, as discussed in Section 2.2.4.

Respondents' profiles with respect to qualifications differed across the HEIs but only a small minority had doctorates, in keeping with my suggestions in Section 1.5.3. about this group of staffs' possible qualifications and career trajectories. All the staff at the TU had higher degrees which might be as expected of an 'old' or traditional university.

More than half of the respondents had teaching qualifications and newer members of staff indicated that they were being encouraged to complete teaching qualifications. When discussing the development of the Institute for Learning and Teaching in Higher Education (ILTHE) in response to the Dearing Report (1997), Blackwell and Blackmore (2003) noted that 12% of applicants for membership were on the basis of accredited teaching qualifications. There continues to be an increasing emphasis on academic staff undergoing teacher training (DfES, 2003). However, this relatively recent emphasis does not explain the high number of respondents with teaching qualifications in this study and may reflect discipline differences. Alternatively staff embarking on second careers may perceive a need to be appropriately qualified.

Boxall (2003) notes that there is a need to invest in "building employee skills, enhancing motivation and providing opportunities [for them] to participate" (p. 14). Many of the respondents were positive about the gains they had experienced with respect to staying up-to-date with their jobs. However, only a third felt that they had been helped to stay up-to-date with statutory requirements. They were more positive with respect to professional guidelines, which tend to be less prescriptive and possibly, therefore, more achievable. Additionally, while respondents in this survey had a range of learning, training and development opportunities available to them, they were limited in their ability to access them. For two thirds of the respondents, the main reason cited for this was difficulty in taking time off work, as reflected in the comment "it's a time issue again" (UCF2). However, there were no significant differences by virtue of discipline or HEI.

Funding did not come through in the questionnaire as the major obstacle for the majority of the respondents but some respondents in the focus groups did, however, note it was more difficult for them to attend external courses and conferences. Staff at both the UC and TU expressed negative views, for example:

“There are opportunities for learning, training and development but funding is an issue. We tend to use our own institution” (TUF1).

The UC had an unusual approach to staff development in that the:

“Employer will only allow one person per dept. to go to any single conference!” (UC1814).

These disciplines have at least one major conference a year, in addition to more specialised ones. It would be usual to encourage as many staff as possible to present at these conferences.

This lack of opportunity has implications for the development of social capital and seems to reflect a lack of organisational vision for “knowledge-sharing and skills development” (Swart, Kinnie and Purcell, 2003, p. 47). Nahapiet and Ghoshal (1998) are of the view that organisational advantage can only be achieved by enhancing the capacity to create and share knowledge, by facilitating social capital development, in order to create new intellectual capital. This is in keeping with Lepak and Snell’s (1998) view that organisations need to consider how “to make investments to compete through people over time” (p. 45). When also discussing the development of social capital, Swart, Kinnie and Purcell (2003) note that “informal networks ...enhance social and knowledge exchange” (p. 53), both internally and externally. This links back to the three key situations they identified, as noted in Section 2.2.4., with respect to KIFs, which include knowledge-sharing between and within organisations. This would seem to be particularly important to professional disciplines and the further development of professional knowledge, and indeed, to universities.

Cognisance was however clearly taken of the need for learning, training and development and all staff had accessed at least one of the many options available to them. However, failure to support staff with respect to time needed for fully accessing options raises questions as to the employers' real commitment to staff development. It also has implications with respect to employee's perceptions of how they are valued by their employers. Swart, Kinnie and Purcell (2003) note that "the opportunity to develop skills other than those central to the organisation was also considered a form of recognition and reward" (p. 51). For disciplines that are struggling to recruit this may be an important consideration. Once again, the serious implications this has for these members of statutory and professional bodies will be considered later in this chapter.

5.2.1.5. Work-Life Balance

In this survey some of the most striking results, as noted in Sections 4.3.5. and 4.4.3., relate to respondents' attitudes to their perceived lack of work-life balance. Virtually all of the respondents routinely worked more than their contracted hours. Despite the European Community Working Time Directive, referred to earlier, more than three quarters of respondents indicated that they worked more than Cully et al.'s (1999) 48 hours benchmark for 'long hours'. Almost 45% of the respondents on this survey indicated they worked in excess of 50 hours a week (see Section 4.3.5.2.). These results can be considered against surveys conducted over the last forty years. In 1963 the average working hours for an academic member of staff week during term time was 40.5 hours (Robbins, the Committee of Higher Education).

The CVCP (1972) survey found that the mean number of hours worked by staff from the professions allied to medicine (now referred to as AHPs) was 46 per week, over a mean of 48.5 weeks of the year, not dissimilar to the total mean of 50.5 hours. In Court's (1996) survey of the use of time by staff in 'old' universities he noted that the average working hours per week during term time were 54.8 hours. In Kinman and Jones' (2004) survey of academic staff, 66% claimed they worked more than 45 hours a week while 21% claimed to work more than 55 hours a week. These results and those reported in this study seem to indicate that the demands on academic staff are increasing over time. The reasons for the increase are thought to be related to the changing nature of HE, with massification, intensification, increasing emphasis on audit and quality assurance, against a backdrop of declining resources, as noted in Section 2.1., accounting for much of the change. Increasing responsibilities was cited as an issue for more than three quarters of the respondents. Respondents in this survey also noted the impact of government agendas and the demands of the Department of Health on their roles and the resultant lack of work-life balance.

Another practical factor was that more than half of the respondents had to travel between sites on a regular basis, to teach and to visit students on clinical placements. Although there was no significant difference with respect to HEI or discipline, this was a major issue for many of the staff at the UC and much of the focus group discussion was around this issue and how it had been communicated and managed.

Almost all of the respondents also indicated that they worked the additional hours because of pressure and the demands of their job, and that it would be impossible for them to do their jobs and meet deadlines if they did not work these hours (see Section 4.3.5.2.).

One respondent's comment encapsulated the views expressed by many on the number of hours they worked, in her observation that she works "as many (hours) as needed to do the job! TRULY" (TU1573).

In the CIPD report by Guest and Conway (2002b), the survey respondents reported that the main factors contributing to their feelings of stress were workload and hours worked. Working long hours was again the most significant negative factor in job satisfaction in their 2004 survey. The high incidence of work-related stress was found to be particularly prevalent in HE by Kinman and Jones (2004). Sixty nine per cent of their respondents found their job stressful. Forty seven per cent of their respondents strongly disagreed or disagreed with the statement 'My workload is manageable'. Blackwell and Lawrence (1995) comment on the multiple demands made on academic staff and comment that lengthy working hours are not an issue for staff in themselves but not having "enough time to accomplish all that is on their agenda" (p. 295) is. As noted earlier, this group of staff also have to respond to professional and statutory demands and have added responsibilities, a perceived area of further stress, as reflected in the following comment:

"We have the extra stress of ensuring the people we are training are meeting HPC professional standards, not just academic. It's a big responsibility which can't be taken lightly" (UCF4).

In the Kinman and Jones' survey (2004) the majority of respondents were negative about their institution's help for workers to achieve a balance between their work and their family responsibilities, with 43% indicating 'not at all' and 39% 'a little' help. While the results in this survey indicated that there was some commitment from managers to support staff with respect to achieving a work-life balance, respondents were not positive about the managers' and institutions' attitudes to work-life balance. Only around one fifth of the respondents felt their employer was committed to supporting them achieve a work-life balance.

Once again there were institution and discipline variations, which seemed to be the result of different leadership and management approaches. The NU2 seemed to have a healthier approach to work-life balance as reflected in the results and the comments which follow:

"From doing personal self managed scholarly activity to preparing myself for teaching - my bosses pro-actively supports me by being ruthless with me and saying I am not available on this day of the week" (NU2M).

"Oh yes definitely, we sit down and ... with very, very careful thought not to overload people and we also carry an Administrative role as well ...and my teaching is adapted to allow me to do that because there will be certain times of the year when I am very busy with that role" (NU2M).

The NU2 and physiotherapy staffs' results were also more positive with respect to the feeling of pressure of work. These results appear to reflect that the way institutions and departments deal with the pressures exerted upon them impacts on their staff. There was a significant difference with respect to age, with those under 50 years indicating they were least satisfied with their institutions' and managers' support for their work-life balance. This may in part be attributable to the personal demands associated with the younger age groups, such as child care demands. It may also reflect a difference in attitude and tolerance, in light of the increasing emphasis on work-life balance (Clutterbuck, 2003; Johnson, 2004). There were no gender differences with respect to perceptions of institution and manager support for work-life balance.

There was a significant difference between respondents' views of work pressure and its relation to staffing levels with respect to institutions and disciplines, again in favour of physiotherapists and the NU2. The statutory and professional bodies require staffing levels to be considered and approved by external reviewers as part of the validation and re-validation of programmes leading to registration or accreditation. This was formerly the domain of the Joint Validation Committee (JVC), prior to the HPC's formation.

The institutions differed on how they responded to these guidelines, as reflected in the comments which follow:

"Within the school, yes, I would say we do adhere by and large to professional body guidelines for student: staff ratios.... The Vice Chancellor is very good in the sense that he does particularly acknowledge the role of professional and statutory bodies but clearly if the Director of Finance has his way he'd have the staff/student ratio reduced. It is made very, very explicit what the professional body requirements are for each of our programmes" (NU2Man.).

"The UC... doesn't want to, or can't afford to adhere to the 12:1 SSR that the latest JVC has indicated to be the right, appropriate level of staffing. And that I find is a difficulty but certainly if you look at the JVC Report, that occurs in more than 50% of institutions, so, you know it's ... there's nothing specific that I would say ...that separates or singles out the UC as a bad employer" (UCMan.)

In this study more than three quarters of respondents were aware that they had counselling and occupational health services available to them. They were all also offered flexible working opportunities, although opportunities to access them were an issue for some. Guest and Conway (2004) found that where flexible work practices were encouraged the style of management was more participative and supportive. While this may be the case, respondents in this survey had access to a range of flexible working options but many were not able to access them due to workload.

These findings support Boxall and Purcell's (2003) comment that there can be conflicts of interest in the workplace, including, amongst others, possibly over income, employee discretion, workload and stress. The faculties also have to deal with the fact that they effectively have only one or two clients, or SHAs, contracting their student numbers. As Swart and Kinnie (2003a) observe clients have the potential to influence practice, including HR, which is difficult for the organisation to ignore (p. 63). However, institutions do have some control on how they manage and support their staff. This is reflected in the differences noted between the staff perceptions at the different HEIs and between the disciplines, despite common external and internal drivers.

This is in keeping with another observation by Swart and Kinnie (2003b), that how firms respond to the demands made on them reflects “how important HR issues are in these businesses” (p. 51).

The institution’s commitment to their employee’s work-life balance had some association with support for supervisors, however, key associations seemed to be with respect to perception of work pressure, manager’s support for work-life balance, perception of the organisation and intention to leave. The achievement of work-life balance is clearly a critical issue for respondents and may have a material bearing on their commitment to the organisation. What is also striking is that the range of results related to work-life balance were more consistent across the HEIs and disciplines than the other findings, although the NU2 and physiotherapists’ results were still the most positive.

5.3. Work Context

5.3.1. Organisational Climate and Perception of the Organisation

Each of the areas explored above have the potential to impact on the employment relationship and associated organisational citizenship behaviour. Of particular relevance is what Organ (1997) described as the “social and psychological context” of employment or what Denison (1996) termed “the internal social psychological environment”, as discussed earlier. No single factor can be said to necessarily outweigh others but staffs’ perception of the organisation, or their work satisfaction (Jemigan et al., 2002), may provide an overview of where they stand in relation to their organisation. This may be particularly relevant to organisational commitment and especially affective commitment.

This would be in keeping with Lacy and Sheehan's (1997) suggestion that "Issues related to department, faculty and university climate can be regarded as umbrella concepts" (p. 320). Questions included those on communication, job satisfaction and staff involvement. These relate to what Boxall and Purcell (2003) referred to as "employee voice", which is considered to be critical in eliciting discretionary behaviour.

With respect to perception of the organisation, support for work-life balance, job satisfaction and intention to leave, there was a significant difference between institutions when comparing them using the continuity correction on the Pearson Chi-Square Test. Respondents overall were neutral in their perceptions of their organisations. However, a clear pattern of difference again becomes apparent between the institutions and the disciplines, with NU2 and physiotherapy staff respondents being the most positive.

Respondents considered students to be important to them but were fairly neutral about their employers viewing students as a priority. The majority of respondents indicated that they would register on a programme run by their HEI, which indicates some level of pride and trust in the outcomes of their work.

There were significant associations between the respondents' perception of the organisations' and managers' support for work-life balance, senior management leadership, intention to leave and job satisfaction. The strongest associations were noted between perceptions of the organisation and the institutions' support for work-life balance and support from supervisors.

While for the reasons noted earlier these differences should be interpreted with caution, there is a consistent pattern across the results of the questionnaire and the interviews and focus groups. While Wilderom et al. (2000) caution on how opinions on culture should be canvassed and conclusions drawn, the following quotations would seem to encapsulate the organisational climate in each of the HEIs, as expressed by those who participated in the survey:

"I would say they are centred towards staff and sort it out from their perspective rather than the institution's. Their attitude is 'how can we help you' rather than 'what are you doing wrong'" (NU2M).

"There's lots and lots of sort of subliminal messages ... I was just saying that there are lots of sorts of messages like that, that we're not terribly valued" (UCF4).

"The thing I'd changed most is (to) being valued. It makes no difference how much work you do, what committees you sit on, whether your part time and make more effort" (TUF1).

It might have seemed reasonable to expect the degree of external influence, particularly of statutory and professional body, on the curricula, patterns of programme delivery and quality assurance processes (as noted in Section 1.5.) to result in comparable work environments, roles and experience of work. The results indicate that interpretation and response at a local level differs and this results in a different internal environment, for all the nature of job design is similar across disciplines and institutions, as noted earlier. While individual characteristics will impact on the individual's experience of work, the consistent pattern of difference across disciplines and institutions in most areas surveyed suggests that the internal environment is a significant factor which impacts not only on experience of work but also in engagement with the organisation, potentially eliciting organisational commitment and organisational citizenship behaviours, including discretionary behaviour. It would seem that HEI type is not the key factor, reflecting the complex nature of HE today, which is possibly less stratified than it was.

These differences could be the result of a number of interrelated factors. Some of these differences may be explained by how the institutions respond with internal processes and practices to external demands, as noted in the Literature Review. Swart and Kinnie (2003b) argue that clients or customers have the potential to directly or indirectly influence HR practices but that ultimately the employer has the choice, although it “may be severely constrained” (p. 38). They note importantly that HR practices are particularly important in KIFs as “they have an immediate effect on the organisation’s key resources – its stock of intellectual talent” (p. 38). Some of the differences seem to relate to organisational values and how these are interpreted by staff in a range of roles, up to and including senior managers, which will be explored in the sections which follow.

5.3.2. Perceptions of Line Management/Supervision

Guest and Conway noted that a high level of organisational support is important to staff motivation (2002a), as is effective supervisory leadership (2004). Using the NHS terminology to interpret the results, respondents were “generally fairly satisfied” with their line managers. Respondents were more positive about their line manager supporting them in a personal crisis but less positive about feedback given to them about their work. Line managers/supervisors were seen by almost a third of the respondents as being ineffective in dealing with absenteeism and poor quality work but did mostly involve staff in decision making about their work. Of relevance also is the difference in perception of management held by the groups of staff with respect to their institutions and disciplines. Results clearly reflect that NU2 and physiotherapy staff were consistently more positive in their responses to key questions about their experience of work, including support from their managers, as was reflected in the Results Chapter.

These responses raise some questions about the effectiveness of some of the line managers at the institutions whose staff held less positive views. Part of the issue may be attributed to the challenges of management and leadership in the HE sector (see Section 2.1.5.). However, the difference between disciplines and HEIs suggest that these groups of staff can be managed in a way that they find acceptable and which supports their AMO. Where management appears to have been less effective staff seem to experience a greater level of stress, with an associated decline in work-life balance, as will be discussed later in this chapter. The International Stress Management Association^{UK} (2004) suggests that “stress is often a symptom of poor employment relations” (p.1). They go on to propose that stress can be reduced if organisations communicate effectively with employees and deal with absence and discipline. Bradley and Cartwright (2002) had found that organisational factors impacted on individual’s health and that perceptions of organisational support, as opposed to managers and co-workers support, and being valued were important factors in job satisfaction and feelings of stress.

5.3.3. Senior Management Leadership

Leadership provided by senior management is understandably seen as another important facet of organisational working and was considered a very good predictor of an organisation’s effectiveness by the authors of the NHS Survey report (Healthcare Commission, 2004a). The role of leadership styles in the development of organisational climate is also raised by Bowen and Ostroff (2004). However, increasing “managerialism” in the Australian HE sector was cited by Winter, Taylor and Sarros (2000) as having a negative impact on staff and it was suggested that this was causing lower levels of organisational commitment. In a later article, Winter and Sarros (2002) comment further on their findings from the survey and note that the “work environment benefits for supportive supervisory leadership” (p. 253).

They make the distinction between university leadership and university management, suggesting that more attention be paid to motivating people, than managing them and associated resources. As noted earlier, respondents were negative about their line managers' ability to deal with absenteeism and poor quality work. They were also negative about their senior managers' ability to treat employees equitably and to deal effectively with problems in the workplace.

On outcomes for the institution, Comm and Mathaisel (2003) expressed a strong view that "In terms of work involvement and motivation, better internal communication about the direction, vision, mission and values of the institution must occur... so that each faculty member knows what his/her role is in the institution to help achieve these goals..." (p. 203). Poor communication featured as an important consideration in the interviews and focus groups for staff at the TU and UC.

Perceptions of senior management leadership as reflected in the questionnaire results (see Section 4.4.2.) were positive overall. While no significant difference was noted with respect to age, gender or discipline, there was a difference with respect to institution. Respondents at the NU2 were most positive while the UC staff were most negative. Comments in the interviews and focus groups add meaning to the quantitative results. The NU2 responses were consistent with the questionnaire results. Comments made at the TU focus group indicated that staff felt distant from their senior managers but seemed to still respect how the institution was managed. The majority of the UC respondents were very negative about their senior management, although the observations made by one of their managers provided a slightly different perspective. However, the comments made in the focus groups appeared to be consistent with the respondents' views of the organisation and their own work experience as expressed in their responses on the questionnaire.

When comparing the results on the questions considering the respondents' perceptions of their senior managements' leadership some possible association is noted with respect to support from supervisors, job satisfaction and perception of organisation.

5.4. Staff Attitudes

The employment relationship and organisational commitment, and associated organisational citizenship behaviour, are critical to the success of any organisation (see Section 2.2.1.). As also noted earlier, there are thought to be strong links between motivation, organisational commitment, job satisfaction and the intention to stay with an employer (see Section 2.2.2.). The key consideration in the interpretation of results in this survey with respect to organisation commitment was deemed to be staff's intention to leave their employment at their HEI. Job satisfaction was also viewed as an important consideration.

5.4.1. Job Satisfaction

As noted earlier, a number of factors are thought to be related to job satisfaction, including motivation (Guest and Conway, 2002a), the state of the psychological contract (Guest and Conway, 2004), commitment to the employer and the intention to stay with the employer (Cully et al., 1999), organisational citizenship behaviour (Murphy, Athanasou and King, 2002) and managers' behaviour (Purcell et al., 2003a). The majority of respondents in this survey indicated that they were satisfied with their jobs and the design of their jobs, as noted earlier (see Section 4.3.1. and 4.5.1.). Once again there were institution and discipline differences.

Respondents were, however, more negative about their career opportunities and how much their employer valued their work. Also as noted above, by far the most dissatisfaction related to the amount of time they had to carry out their work during their contracted hours and meeting conflicting demands. Only around a tenth of respondents were satisfied with the amount of time they had to carry out their work. While only a small sample, no differences were noted in this study on the basis of gender, job title, discipline or age with respect to job satisfaction, in contrast to the results reported in a number of studies in Section 2.2.5.2.

In keeping with Bellamy et al.'s (2003) results, flexibility and autonomy were strong factors in job satisfaction, as noted in Section 4.5.1. Abraham (1998) noted that job autonomy had a role to play in reducing stress. Also in common with Bellamy et al.'s (2003) findings, respondents enjoyed the support for their work that they got from their colleagues. Boxall (2003) notes pertinently, that in services employing professional and knowledge-intensive workers there is a high level of employee discretion in work organisation, and this was the case in the findings in this survey.

The areas of satisfaction for respondents were around their choice in their method of working, the amount of responsibility given to them, a sense of achievement gained from their job and the opportunities they had to use their abilities. These findings relate to AMO (see Section 2.2.2.2.). The majority of respondents felt they have opportunities to use their abilities. They had indicated they also had opportunities to undertake learning, training and development, but with some areas of difficulty in accessing these, as noted earlier. However, for many there were restricted opportunities for maintaining and developing their clinical skills. These are issues that the HR and staff development specialists need to be aware of as they have serious implications on a number of fronts, both for the individual and the institution.

Despite any negative perceptions respondents expressed, the majority regularly worked over their contracted hours. As noted earlier, this was partly because they felt they had to do so to meet deadlines and to get the job done. However, three quarters of them indicated that they worked more than their contracted hours because they wanted to give their students the best experience possible. More than half of the respondents indicated that they worked more than their contracted hours because they enjoyed their jobs. There is a risk that ongoing development of KSAs and the maintenance of motivation will be affected by the opportunities that this group of staff have to develop and use their skills fully (Wright and Snell, 1998). This would result in an imbalance between the “organisational, professional and client” identities noted by Swart et al. (2003b) and the needs of the individual and a potential loss of job embeddedness (Lee et al., 2004).

While there was a possible association between job satisfaction and where the respondents were employed, there was none with respect to discipline, age, gender or job title. There was possibly some association between job satisfaction, and intention to leave, the institution’s support for work-life balance, senior management leadership and the perception of the organisation. The strongest association between job satisfaction and other factors was with support from supervisors, highlighting the critical role of managers.

5.4.2. Staff Intention to Leave

Job security is thought to be strongly associated with a positive state of the psychological contract (Guest and Conway, 2002b) and is considered critical to employee commitment (Cully et al., 1999). In 1999, Cully et al. reported that the majority of employees felt relatively secure in their employment.

This is in keeping with Guest and Conway's (2002b) view that job security is not "a major concern across much of the UK workforce" (p. 37). In this survey two thirds of respondents felt their job was secure. Around a third of the respondents in this study indicated that they often thought of leaving their employer, a result similar to the NHS Survey (Healthcare Commission, 2004a) but lower than Kinman and Jones' (2004). The disciplines considered in this study may have different expectations of their working lives and careers to academics from more traditional backgrounds. They may also have different views because for the majority of the respondents the move into education will effectively have been the start of a second career. However, despite this, more than half were ambivalent about the prospect of their staying in HE. An additional contextual consideration for the predominantly female AHPs might have been the risk of a restricted career pathway in education, which has tended to favour the progression of males (Toren and Moore, 1998; Alexander in Warner and Palfryman, 2001). However, while gender differences were not noted in this survey with respect to career opportunities, only about a third of all of the respondents were positive about their career opportunities. This may be due to the somewhat flat hierarchical structure which operates in most HEIs.

In the AUT (1998) survey referred to earlier, promotional prospects varied across the 'old' and 'new' universities. Promotion procedures were not always felt to be clear or fair, particularly in 'new' universities and this was reported to be having a demoralising effect on staff morale. Court, in the Association of University Teachers (AUT) survey on appointments and promotions in HE in the UK, concluded "for academic staff across the whole of the UK higher education sector, there is a great deal of inequality, with some staff having far worse prospects of promotion than others" (AUT, 1998, p. 9).

However, in contrast to the AUT findings the staff at the TU expressed the strongest views on their lack of promotional prospects, as reflected in the following quotation.

“There are no promotional prospects. Heads of division are on a three year appointment with no extra money. They are not even senior lecturer posts. We have very few SLs and no readers. We did have a nursing professor but now have no professors” (TUF2).

Other members of the TU focus group emphasised their agreement with this view.

Career progression and CPD are complex issues for AHPs, who potentially have to try to maintain clinical skills, develop teaching expertise and acquire relevant qualifications, such as a higher degree and/or a teaching qualification (see Section 1.5.3.). Difficulty with recruiting staff to the AHPs disciplines was noted earlier. It is critical that effective staff are retained and that staff attrition is kept at a healthy level. Violation of the psychological contract is a factor here. Staff at the UC expressed strong views as to how the development of a new campus had been handled. The impact it had on their day to day working lives was obvious and some staff had reportedly resigned over the changes introduced. The other threat for all these institutions is the modernising agenda of the NHS, including ‘the Agenda for Change’, the associated knowledge and skills framework, and the improving working lives initiatives, referred to earlier in Section 1.5.3. These may result in the NHS becoming a more attractive employer than the HE sector.

In Guest and Conway’s (2002b) survey, the most important factor for their respondents with respect to their intention to leave was found to be job satisfaction, while the quality of the workplace and work-life balance, effective leadership and excitement with the job were other factors. Of those surveyed by Guest and Conway (2002b), 14% indicated that they thought it likely they would leave their employer in the following year. In this survey there were two critical factors with respect to intention to leave, namely the institution support for work-life balance and individual’s perception of the organisation.

Job satisfaction was also possibly a factor. These relate closely to existing research, referred to earlier, on organisational commitment and the impact of the organisational climate on the psychological climate for the individual (see for example, Bowen and Ostroff, 2004; Schneider et al., 2002). The variable which mostly strongly influenced intention to leave was discipline, followed by university. This finding would be in keeping with Henkel and Vabo's (2000) view that discipline is a major determinant in shaping academic staff's perceptions about their organisations.

5.5. The Research Objectives in Relation to the Significant Findings

5.5.1. The Impact of People Management, Individual Characteristics and the Impressions of the Employment Relationship on Respondents' Perceptions

Respondents in this survey were committed to their work to such a degree that the majority were prepared to work over their contracted hours to ensure their jobs were done. Intention to leave was similar to the NHS Survey (Healthcare Commission, 2004a) and lower than Kinman and Jones' (2004). Respondents appeared to have defined the boundaries of their jobs (Kessler and Purcell, 1996) to include whatever it takes to meet the demands made of them. Any extra demands seem to be seen as part of their jobs as might be anticipated in professional jobs (Coyle-Shapiro et al., 2003). This commitment was not without sacrifice, to work-life balance and personal and professional development. These values seemed to be strongly embedded in the individual departments, faculties and institutions with the organisational context encouraging them (Somech and Drach-Zahavy, 2004).

Respondents welcomed the opportunities they have to use their abilities and this appeared to impact positively on their motivation (Purcell et al., 2003a) and their affective commitment (Shore et al., 1995). They were not, however, all given opportunities to fully develop their KSAs. This was despite what might be perceived as a necessity in an academic role and the statutory and professional bodies' explicit requirements that they do so. Respondents recognised that they were not fulfilling the statutory and professional bodies' requirements fully. The organisational processes (Wright and Snell, 1998) seemed to be restricting staff development in the UC and TU. Despite this, many respondents' attitudes across all three institutions seemed to reflect altruism (Organ, 1997; George and Jones, 1997) or normative commitment (Finegan, 2000), in particular, as demonstrated by their concern for students and colleagues. Respondents valued team working, working with colleagues and providing a good experience for students but were less positive about their perceptions of their organisation and their line and senior managers. Their motivation for engaging in OCBs seemed to be related to selflessness rather than self promotion or image management (Bolino, 1999).

In some ways these findings are not unexpected as the sample is therapists who are likely to have a "prosocial personality orientation" (Penner et al., 1997). This is in keeping with Finegan's (2000) unsurprising statement that personal values influence choice of careers, but more relevantly that normative commitment is affected by employees' views of the organisation's values, particularly "humanity and vision" (p. 160). Critically, Somach and Drach-Zahavy (2004) note that knowledge workers bring with the complex relationships between professional groups and across institutions/organisation and they conclude that "leaders should also become more aware of the effects of organizational structures and values on the willingness of employees to engage in OCBs" (p. 295).

The differences in results between the institutions and the disciplines indicate that where the person was employed and which discipline they belonged to had a mediating effect on the individual's experience of work. These results support Somach and Drach-Zahavy's (2004) argument that OCB is a "context-related phenomenon" (p. 281). The differences were most apparent between which institution the person was employed in and there was a recurring theme that management and leadership impacted on individuals' perceptions of their organisations. One member of the TU focus group also commented on a sense of pride of being associated with the "old" university, in keeping with Watson's (2000a) hierarchy of HEIs and Enders (1999) perception of status. However, in this study it was the "new" rather than the "old" university which was viewed most positively by staff. On face value this seems to be in contrast to Brown's (2003) "tiered system", noted earlier. However, the staff at the TU did express the most concern about the pressure to engage in research at the focus group and this finding was supported in the questionnaire results. Results from the staff at the NU2 reflected their greater feeling of job satisfaction and a lower level of intention to leave, coupled with a higher perception of organisational support, in keeping with Yoon and Thye's (2002) and Coyle-Shapiro et al.'s (2003) views on the reciprocal interplay between the individual and the organisation in engendering OCBs. The NU2 appeared to have a different approach to leadership and management to the other HEIs surveyed. Discipline variation was also consistent but not as extreme as institution variation. This lends support to Schein's (2000) argument that "occupational cultures and subcultures...perceive their environments based on different shared tacit assumptions" (p. xxix).

Communication emerged as a significant theme reflecting different organisational climates (Schneider, 2002) which seemed to be impacting on the psychological climate for individuals. Bowen and Ostroff, (2004), drawing on the work of a number of authors, also highlight communication by stating that "HRM practices can be viewed as communication from the employer to the employee" (p. 207).

These findings echo Boxall and Purcell's (2003) call for employers to explicitly consider the culture they can potentially develop in their organisation and key to this would be their suggestion that they hear the 'employee voice' and to recognise the critical role of communication in promoting organisational commitment (Yoon and Thye, 2002). Communication also has a role in the building of a community, which Lee et al. (2004) considered to be critical to developing job embeddedness.

5.5.2. The Impact of Professional and Statutory Bodies on the Experience of Work

As noted in the Introduction, AHPs are bound and guided by statutory and professional bodies. This has implications for them and for their employers. When discussing the professions in relation to KIFs, Starbuck (1992) argued that "professionals insist that outsiders cannot properly supervise their activities" and that they identify more strongly with their disciplines "than with their clients or their employers" (p. 717). In a similar vein, Kessler and Purcell (1996) note that "the presence of professional groups, reinforced institutionally through their associations has not only affected the determination of terms and conditions but equally significantly helped preserve a set of values and principles potentially in tension with the newer managerial approaches" (p. 217). This would indeed seem to be the case for these staff. However, they do not appear to be fully supported to balance their professional and knowledge or development needs against those of the organisation and client (Swart et al., 2003b). This is in contrast to Huselid's (1995) recommendation that the organisational structures should be developed in such a way as to support AMO and there must, therefore, be real concern that this group of staff are indeed at risk of "decay" of their intellectual and human capital (Lepak and Snell, 1999).

A review of this groups' hierarchy of activities (Gammie and Gammie, 2002) may reflect an emphasis on other parts of their roles, at the expense of their own clinical skills, knowledge development and sharing, and CPD, in keeping with Hill et al.'s (2003) findings, noted earlier. Over and above the loss to the individual, this must be critical to the effectiveness of the institution.

The professional and statutory requirements should be viewed as a positive and not negative feature of employing this group of staff because they explicitly require staff to maintain their KSAs, an important feature of KIFs. Ferguson et al. (2002) propose that clinical skills teaching should be undertaken by staff with current clinical experience but note that this is not always "valued or recognised" by universities. This may be simply because HEIs do not fully understand the demands being made on their staff. Equally the professional and statutory bodies, in the interest of protecting the public, may not fully appreciate the impact their demands on AHPs employed in HE. However, no matter the reason, institutions cannot simply turn a blind eye to these demands and need to look to how they support their staff on a variety of levels, including with respect to work-life balance and development. Failure to do so is effectively breaking the legal and psychological contract and must have serious ramifications for individuals and their employers. Respondents found the conflicting demands made on them, including those of professional and statutory bodies, coupled with the lack of work-life balance, problematic. Guidance for managers in HE in dealing with stress have been published (see for example, UCEA, 1999) and systems should be put in place to address the key areas identified in the HSE Management Standards (2005), referred to earlier. Clearly these issues need to be considered by managers, working with HR and staff development specialists.

5.6. Limitations of the Study

A number of limitations to the study have already been noted. Some of these were methodological as noted in Section 3.7. Over and above these limitations another one may have been the use of the NHS Survey (CHI, 2003a). At the time of planning the study it seemed a natural choice, allowing for comparison with the main alternative employer for this group of staff, however, its applicability was limited in some areas because of the different types of employment contexts. While adjustments were made to allow for this, a more HE focus may have been appropriate. The NHS Survey (CHI, 2003a) also placed a lot of emphasis on individual HRM practices and recent research (see for example, Bowen and Ostroff, 2004) suggests that the more appropriate focus is HR as a system, which is how the findings from this study have been considered.

The most significant limitation was the response rate. While a lot of effort was put into addressing this, as described in Section 3.4., there is no escaping the impact it had on the interpretation of the findings, which had to be cautious. Additionally, as a fellow therapist and manager I may have brought my own bias to the interviews and focus groups, in particular.

The limited participation by managers also meant that I might not have achieved a representative view. However, it is interesting to note retrospectively that of the deans approached to participate, the only one who did come from an institution (NU2) in which staff were consistently far more positive about all aspects of their experience at work. It would also have been useful to engage with HR specialists, such as HR managers and staff development officers. Finally, greater engagement with the HEIs may have allowed for a more in depth understanding of their broader culture and history (Schein, 1999a, cited by Schein, 2000).

5.7. Implications of the Findings and Recommendations for Practice

The study highlights a number of areas which could be addressed and developed to impact positively on the experience of work for AHP staff employed in HEIs in England. Areas straddle those identified in the Mitchie and West (2003) and Purcell et al. (2003a) models and include organisational climate and culture, leadership and management, job design, pay and conditions and work-life balance. Critically, a significant finding was related to the need for support of the individual's development of their full potential (AMO and KSAs), including with respect to their clinical expertise.

There is a temptation to take each area identified by the respondents and to make detailed practical suggestions as to how these might be addressed. While this may be relevant it risks deflecting from the key underlying question identified by Purcell et al. (2005, in development) as to what impact are people management and HR climate having on performance, and for this study, specifically the associated perceptions of individuals of their experience of work. It is important to note that the problematic areas for respondents in this study effectively sat, unsurprisingly, at the interface between leadership and management, academic work and the HR processes and practices employed by HEIs, and it is here where practice needs to be addressed. This is not a simple issue, as demonstrated in the considerable body of literature addressing these complex interlinking areas. However, it is important to acknowledge that this can only occur in an environment where the whole of the organisation is concerned with work and people management (Boxall and Purcell, 2003), which requires strong leadership at a senior level. It is this interface which needs to be managed effectively if the experience of employees is to be enhanced to allow them to develop fully and to work effectively and efficiently, without jeopardising their work-life balance. This needs to be considered on a macro level (Bowen and Ostroff, 2004) while acknowledging that the "connecting rods" (Purcell et al., 2000), which may be on a more micro level, need to be identified and developed.

The major theme which emerged in this study, across all respondents, regardless of discipline or institutions, was a concern for the loss of work-life balance. The NU2 demonstrated that strong leadership did impact positively on the organisational culture and climate and on staff's experience of work, however, their staff still had issues with work-life balance. Respondents were not positive about their institutions' support for their achieving a work-life balance. Workload and associated stress needs to be addressed. Sharpley, Reynolds and Acosta (1996) suggest that personal health is primarily the responsibility of the individual. In a similar vein, Jackson (1996) proposes somewhat simplistically that "perhaps the simplest way to cope with too much work is to avoid *getting* too much work" (p. 351, italics in original). While it is accepted that the individual has a critical role to play in their achievement of what they consider to be a work-life balance, Sharpley et al.'s (1996) proposal that HEIs need to invest in "management-supported health initiatives" (p. 84) is endorsed. These should be in keeping with current legislation and HSE guidelines (2005), referred to earlier. Wilson et al. (2004) suggest helpfully that "organizational action is central to maintaining a health work environment" (p. 583). They continue by emphasising the importance of "Policies and procedures reflective of the organization's values and beliefs" (p. 583) in supporting any change. Clutterbuck (2003) gives a strong business and legal rationale, in addition to the clear individual benefits, for introducing work-life balance initiatives and cites a number of successful examples, supported by examples of work-life balance policies. The role of the HR specialists, leaders and managers are clearly identified.

There were also some relevant findings with respect to working conditions. A number of issues were also raised with respect to job design. Job influence, in relation to job design and work-life balance, needs to be addressed by institutions employing this group of staff. Multiple and conflicting roles need to be identified and rationalised.

Focussing on reducing administration would appear to be a good beginning point, although this will need ongoing work on a national level if external demands are to be reduced. However, it needs to go further, resulting in a rebalancing of roles, allowing staff to engage fully in learning, training and development opportunities. It is critical that staff be allowed to maintain and develop their clinical skills, for social, legal and professional reasons, and ultimately for the well-being of patients or clients. Employees also need to continue to develop their skills and knowledge with respect to teaching and research. Rothwell and Arnold (2005) when discussing how HR professionals “rate” CPD, conclude that “given the increasing complexity of working life, the accelerating pace of change, and declining half-life of knowledge, the ‘push’ for CPD is likely to become even greater” (p. 30). HR and staff development specialists should have a role in supporting managers and their staff to meet their social, contractual, legal and professional obligations. Support must be provided if they are to realise their intellectual and human capital. Van Yperen and Hagedoorn (2003) advise that if work redesign is required that staff should be allowed to manage this process themselves, enhancing job control, but this needs to be coupled with “job social support”. Implicit policies and procedures which support a strategic approach to CPD may be required (Pennington, 1999).

There also needs to be a linkage between development and pay and conditions. To a degree pay is a national issue. Further consideration needs to be given to career pathways and promotional prospects. HR practices underpinning the HR system, such as appraisal need to be used effectively to support this change. Faculties also need to consider how they support staff’s career transitions from clinician to academic. Peloquin and Abreu (1996) identify a need to make “meaningful connections” between the academic and clinical worlds to support these transitions.

It has been suggested by Coate, Barnett and Williams et al. (2001) that teaching and research could be brought together by "implementing explicit management strategies". This could be extended to include CPD and clinical work for AHPs, leaving less to chance and more to good management, planning and support.

The results of this study reflect on the way different HEIs are led and managed and the impact this has on their staff's perceptions and experience of work, and potentially the effectiveness of the institution. The influence of managers and leaders in HEIs on employees' experience of work has been identified. The NU2 has demonstrated that effective leadership and management can address some of the problems this group of staff have to grapple with and that this results in more positive perceptions of their experience of work. In practical terms some of the differences in leadership and management may be related to individual institutional factors, the NU2 had a well established management team, the TU had a system of rotating heads of department, while the UC had an acting dean at the time of the survey. Despite these possible explanations, they do not detract from the impact of leadership and management on the individual's experience of work, if anything, they reinforce their significance. Management and leadership were discussed in Section 2.1.5. of the Literature Review. When the literature is reconsidered in light of the findings there are relevant emerging themes and recommendations for practice.

Leadership at the top in some HEIs may need to be strengthened, however, for this study it was the supervisor or line manager who were identified by respondents as being the critical to their experience of work. It is important to acknowledge that while still responsible for academic leadership, which is not without its challenges (Rowley, 1997), academic leaders also have to deal with "a host of new tasks, including managing discretionary funds, planning, and public relations" (Meyer, 2002, p. 542).

This list should be enlarged on by including, as a major task, the effective development and management of the human resource, working in tandem with HR and staff development specialists and senior leaders. Performance management, including of absenteeism and quality of work, were identified as problems in these environments, suggesting they should be an area of greater focus. In practical terms strong leadership needs to be demonstrated by both senior leaders and heads of departments. Strong leadership using enhanced communication would seem to be key factors, supporting Boyett's (1996) view that the "business-like context" of HE today needs "a new type of leader" (p. 30). Bichard (2000) pertinently states that "a fast-moving uncertain environment demands a fast-moving creative public sector and that it is the 21st century challenge to effective people management in the not-for-profit sector – enhancing, releasing, harnessing the creativity of our people" (p. 41) with leaders being "sensitive to the needs of their people" (p. 44). Smith (2002), on concluding on his study of heads of departments at two British universities, suggests that "the balance between academic leader/manager roles" is a subject which warrants the attention of senior management in HEs. Ramsden (1998) challenges senior leaders by saying "A university can expect its heads of department regularly to exercise the qualities of academic leadership only when it excites them with the same spirit" (p. 253). This links back to the earlier discussion of organisational culture and climate (see Section 2.2.3.).

The institutions which were viewed less positively by their employees need to consider the impact their organisational climate is having on the social and psychological environment (Organ, 1997; Denison, 1996), the "intellectual environment" (Lacy and Sheehan, 1997) and organisational commitment and organisational citizenship behaviours (OCBs) (see Section 2.2.2.). Clark argues that in the changing world of HE institutions need to have an "ambitious vision" (1996) and an "integrated or entrepreneurial culture" (2002).

Accepting Meyer's (2002) view that, "the academic department is rapidly changing from the higher education's quiet backwater to a central locus of change" (p. 544), means that the role of heads of department may be key to the changes that need to be brought about. Meyer (2002) calls for "a newly-invigorated spirit of entrepreneurial management at the department level" (p. 542). Leaders clearly have an important role in putting in place organisational structures and values (Somech and Drach-Zahavy, 2004, p. 295) which develop management which fully supports employees and encourage OCBs. The reality of bringing about change in any organisation, but particularly HE, is acknowledged. Following a postal survey to all UK universities, Bone and Bourner (1998) noted that "universities provide less management development for their managers than most other UK organisations" (p. 283). More recently Jackson (2001) asserted that many academic leaders, who are likely to have some devolved HR responsibilities, have not had adequate training or support. Gordon (2003) argues that the situation has improved in recent years but the greatest challenge still remains at the level of head of department. I would recommend that change could be better supported by focussed training and development for managers and the explicit consideration of some of the working practices which have been identified as problematic. The training and education for managers can come through a range of learning opportunities, including for example, mentoring, formal education programmes, work-based learning, action learning sets or through tailor made programmes, such as those offered by the Leadership Foundation for Higher Education.

It is important to note that Bone and Bourner (1998) found that a "lack of resources and a lack of commitment" from senior management was the main barrier to "systematic management development" (p. 283). It is therefore vital that any development is underpinned by an explicit learning, training, and development strategy, possibly as part of an overall HR strategy, which is coherent with the HEI's mission and supported by senior managers. While this appears obvious, how it impacts on individuals in the institutions is the critical consideration, linked to the strategic goals of the institution.

Dearlove's (1997) call for a "mesh", reinforcing middle management and its links between staff and their leaders/managers, could be extended to include HR specialists too. It would seem to be here that the most attention needs to be directed if the experience of working in HE is to change for the individual member of staff. There are clear and practical lessons to be learnt, however, many of the proposals on changing working practices and access to flexible working options already exist for this group of staff, but they have problems accessing them. The recent surveys in higher education (see for example Kinman and Jones, 2004) and health education (NAFTHE, 2003) convincingly demonstrate a wide spread and entrenched problem, not unique to allied health professionals. Respondents associated their perceptions of the organisation with their job satisfaction and support from their supervisor. While change at a local level must be a starting point, where external demands are such strong drivers (as discussed in the Literature Review) there is still only so much that can be done at an individual, department or institution level.

The issues are not new and it is important that institutions continue to lobby at a national level to bring about changes. Clearly the professional bodies have a role to play but there is also considerable strength in groups which represent a range of disciplines, such as the Council of Deans and Heads of UK University Faculties for Nursing and Health Professions. The implications of the lack of opportunity for development, particularly with respect to clinical skills, are important issues for individual registrants and for their statutory body, the Health Professions Council.

In a report published by StLaR in 2003, the project team made a number of pertinent recommendations, of which a key one was:

"Offer greater opportunities for staff to pursue career pathway routes which allow for education, research and clinical portfolio development" (p. 5).

They propose this could be done by linking the HR plans of HEFCE and the NHS. They acknowledge the magnitude of this proposal. In a further report published in June 2004, StLaR again propose an integrated human resources (HR) plan. They identified three areas of focus, namely “the clinical-academic career and its consequences for HR practices, the provision of high quality staff and professional development and of appropriate recognition and reward, and more systematic workforce planning and recruitment” (p. 5). However, in a study on medical and health care education in 2004, McKimm identified a number of issues for future leaders in health and social care, including:

- “conflict between the core values and demands on the NHS (patient led, service driven) and those of HE (student and research led) and there are tensions between the institutional character and cultures of the two sectors
- Management styles differ between universities and the NHS” (p. 21).

While these proposals may be a way forward in the future, the scope and complexity of the changes will take time and effort to implement and in the interim HEIs need to deal with the issues with which their staff currently contend.

HEIs cannot afford not to address the challenge of recruiting and retaining effective staff, particularly bearing in mind these individuals have real options to move out of education and back into practice, assuming they are still competent to practice. Staffing levels need to be adequate to allow for effective delivery of programmes while allowing for staff development in clinical practice, teaching and research. These challenges need to be confronted at a strategic level, with an increased emphasis on the role of senior leaders, the head of department and the HR and staff development specialists.

5.8. Recommendations for Further Research

This study has usefully considered the experience of AHPs at work in HE. However, there is room for much more research directed at this group. As noted by Purcell et al. (2005, in development), there is a need for more individual focussed research directed at developing further understanding of the individual's experience of work and the impact of internal and external factors on their experience. Their experience could be considered in greater detail, possibly by considering life histories or narratives. A wider range of institutions and disciplines may also allow for further understanding and generalisation. Additionally an in-depth longitudinal study of individual institutions may allow for a greater understanding of the impact of organisational climate and culture on individuals and outcomes, as is suggested by, for example, by Patterson et al. (2005). More attention could also be paid to the role of HE managers, particularly those in major leadership roles, on the development of organisational climate and culture, and the impact this has on staff perceptions. The views of HR and staff development specialists may also warrant research. Finally, the views of students and external stakeholders may also be relevant, particularly in their role as purchasers of services.

5.9. Conclusion

The study has demonstrated that "the internalities of higher education are both intrinsically interesting and extrinsically worthwhile, in terms of the intellectual questions they explore and the policy-related issues they evoke" (Becher, 1995, p. 406). This study has highlighted the challenges this little researched group of staff face. The emphasis on the experience of the individual has allowed for illumination of how it feels to be employed as an AHP in HE in England. With this understanding has come the identification of areas of good and bad practice which point to a way that HEIs can develop, support and manage this group effectively, in line with individual's wishes and external demands.

Importantly it has highlighted the failure by some institutions to comply with professional and statutory body requirements which have important social, professional and legal implications. Due consideration needs to be paid to the human impact of the experience of work for this group of staff. Enders (1999) proposes that his international survey supports the notion of "continuity rather than dramatic change" for academics but he does question why this may be and suggests one reason may be "the enormous staying power of the academic profession, its capability to survive under varying conditions" (p. 78). In what should be enlightened institutions, which draw heavily on the services of their knowledge workers, the effectiveness of the institution should not be reliant on goodwill and staying power. Walsh (1996) makes a pertinent observation, "if there is such a thing as a work/life balance sheet, it is to be totalled daily, and not upon entering the grave" (p. 204). The findings of this study support Somech and Drach-Zahavy's (2004) view that leaders have a critical role to play in encouraging OCBs and that they should be aware of the impact "organisational structures and values" (p. 295) have on employees' attitudes and behaviour.

Organisational climate and culture have been demonstrated to impact on the individual's experience of work. The results would seem to indicate that institutions retain their mission and culture, despite strong external drivers. However, culture and climate would seem to be coloured by these external influences, as suggested by Kessler et al. (2000) and Scott (2003), and noted earlier. Lessons for change can be drawn from these findings potentially impacting on the future development of leadership and management of HEIs in a way which will maximise organisational commitment and effectiveness.

Sensibly Altbach (1995) acknowledges that "Academics are at the same time both professionals and employees of large bureaucratic organisations" (p.32), working in an environment with a series of "complex organisational structures and bureaucracies". The phenomenal challenges of analysing these relationships are acknowledged, and are reflected above in the discussion of the findings of this study. Clearly, the full support of senior leaders, managers and HR specialists is vital to progress, as is the need to lobby external bodies.

In conclusion, the study has allowed for a better understanding of the impact on individuals and employers of the internal and external environment. It has raised key questions around the unique challenges this group of academic staff have to deal with, particularly with respect to maintaining clinical capacity. It has highlighted that work-life balance is an issue for this group of staff, as it is for many other academic staff. Critically, it has shown that the individual's experience of work is in part the result of their perception of organisational culture and climate, associated strongly with leadership and management. While new insights have been gained the subject still warrants further investigation. In the reflection which follows, I will explore the personal significance of the study to me.

Chapter 6 Reflection

6.1. Introduction

In the School of Management Information Brochure (University of Bath, 2002) the Doctor of Business Administration in Higher Education Management (DBA) is compared to a traditional research doctorate. The first difference noted is:

- "It gives particular priority to the development of candidates as managers, the so called 'reflective practitioner' (p. 5).

Reflection as part of a learning cycle is not a new concept or particularly unique to this programme. Argyris and Schon (1978) spoke of circles or loops of learning. Kolb (1984) described a learning cycle, which highlighted reflection. Schon (1987) noted the importance of developing "reflective practitioners". Louis (1996) spoke of undertaking a "life audit" (p. 445). Golding (2000) enlarges on this concept by emphasising the importance of history to reflection and development, in that

"an appreciation of the past may be crucial to an understanding of the present and to any effective planning for the future" (p. 15).

Associated with these concepts, a considerable body of literature has developed around the use of reflection in developing practice, particularly in health related disciplines (see for example Ghaye and Lillyman, 2000; Burns and Bulman, 2000; Johns, 2002). This is closely associated with clinical reasoning, including using experiences and reflection on them, coupled often with referring to the evidence base to further develop practice expertise (see for example, Gray 1997; Bury and Mead, 1998; Taylor, 2000). This process need not be confined to clinical disciplines.

It is useful to undertake reflection using some structure or format, particularly if “paralysis through analysis” (attributed to Gary Player by Golding and Currie, 2000) is to be avoided. Jones (2002) describes his model of structured reflection in which reflection is considered to be a way of considering oneself in a guided way. He describes guided reflection as:

“a reflexive spiral of being and becoming; of enabling the practitioner to realise desirable work by looking back and seeing herself as a transformed person through a series of unfolding experiences” (p. 50).

An important aspect of Jones’ (2002) approach is the use of narrative, which he describes as

“the written account that tells the story of the practitioner’s reflexive spiral of being and becoming... [an] unfolding journey” (p. 49).

Significantly, he notes that this process is not static and requires ongoing reflection and further interpretation of events.

I will use Jones’ (2002) model to structure my reflection. I will draw the reflection together in the conclusion using his “framing perspectives”. This process will be similar to what Jones (2002) used with his students on his clinical leadership programme. He used the analogy of a journey through a programme, which was “like moving through a fair, sampling the side shows and applying what is relevant into the journey” (p. 3). I will use key milestones in my career, particularly in higher education, and relate them to my experience as a DBA student.

6.2. Personal Significance of the Study and the Programme

I am an occupational therapist, registered with the Health Professional Council (HPC). I am a member of the College of Occupational Therapists (COT) and the Higher Education Academy.

I started my clinical career on completing a three year COT Diploma in Occupational Therapy. I worked abroad for some twenty years for all bar one year in clinical practice as a self-employed practitioner. I undertook two Master of Science Degrees in Occupational Therapy, approximately ten years apart, both with a clinical focus. The second masters was a deliberate choice to broaden career choices in preparation for a family move to the United Kingdom.

I was open to employment in any sector, in any part of the country, but had harboured an ambition to move into education. I applied for a number of clinical and academic posts. I was offered two similar positions, one at a modern university and the other at a university college. I elected the university college, not even appreciating that the HEIs may be different in focus. My experience at the University of Bath has opened my eyes to a very different institution to my own. Reading about the historical development of HE in the UK has also allowed me to appreciate how these differences have evolved.

I found the full time move into education a challenging transition. Having moved from being viewed as an expert practitioner, regularly called to act as a medical expert witness in the High Court, I found myself effectively starting a second career. I initially felt limited in what I was competent to do. Like Gallos' (1996) experience of academic life, "It was not long before panic set in, *so now that I'm here, how do I do it?*" (p.11, italics in original). I decided to complete a teaching qualification. Whilst still engaged on this programme and in my first year of probation, ill health of the head of department meant that I was asked to act as head of department for what turned out to be an eighteen month period. I had previous experience of managing staff and running a large practice, but found that I was now in a very different environment. It is interesting to note that while staff development days on specific HR practices were available, there was little on offer on a strategic management level. This experience is in keeping with the views expressed by Jackson (2000) about the lack of management training for heads of department.

I was also somewhat bemused by the working ethic of some of the academic staff in the Department, which for some seemed to be in sharp contrast with the hours driven culture needed to survive in private practice. Many staff seemed to be overworked while others appeared not to be pulling their weight. On a level the difference between the 'for profit' and competitive environment of private practice versus the 'not for profit' higher education environment may be an explanation for my experience of differences in the environments. However, even allowing for the important external and internal contexts of employment (Boxall and Purcell, 2000), there did seem to be a more fundamental question to be addressed, which centred around the behaviour of some staff and their managers and the impact this was having on the Department and institution's performance and effectiveness. I have found the literature around organisational citizenship behaviour and organisational commitment particularly useful in broadening my understanding of these issues.

A promotion to a permanent post as Head of the Allied Health Professions Department, with an expanding staff body, exposed me to a wider range of disciplines. Staffs' views differed but a minority appeared to share a feeling of dissatisfaction with their jobs, with an associated apparent lack of motivation, particularly to undertake some roles. These tended to be those that were not part of their core roles but ensured the long term survival of the Department, such as recruitment of students and marketing. Trying to address this challenge at times made me share Cohen's view of working with academic staff, in that "humanity can seem like dripping water torture" (Cohen, 1996, p. 331). I became increasingly interested in individual member of staff's motivation and commitment and the possible impact this had on the Department and the institution. The concepts underpinning the psychological contract and discretionary behaviour were useful in helping me to come to grips with these matters.

I began to also sense there might also be some differences in working practices within the environment that were related to discipline, in keeping with some of the views expressed by Becher and Trowler (2001) when considering academic disciplines. While I had a strong vision of where I could take my own discipline, I struggled with one of the other disciplines in the Department, mainly because of a fundamental difference in the disciplines' philosophical bases. Changing the department structure by introducing profession or discipline leads, a model used in some other HEIs, has addressed this over time. This does, however, highlight the problems faced by managers of large multi-disciplinary departments, which may not be shared by more traditional academic heads of department. It may also challenge the model relying on rotation of the head of department role used in traditional universities.

Responsible for the enactment of human resource management policies, including appraisals with all staff, emphasised for me the importance of these practices to effective department management. There were some historical problems in the Department which meant I had to become involved with capability and disciplinary procedures. A few members of staff were openly hostile and Fukami's (1996) suggestion that managing academics is like "herding cats" rang true for me at times. We also had significant problems recruiting staff. I did not feel well equipped for aspects of this role. While our HR Department were supportive, I sensed that HR specialists needed to be much more involved in the day to day HR issues that department heads grappled with. The institution, as with the others in this study, also needed to consider how it can address the serious issues staff have with maintaining both a work-life balance and their KSAs, including clinical.

I became increasingly interested in leadership and management at a number of levels, including department, faculty and institution, and the link between the institution's values, mission and strategic plan and actual outcomes. I also was acutely aware of the need to consider external drivers and stakeholders, as their impact on the day to day workings of the Department were very real.

These changes in context and role resulted in my feeling a need to gain a formal management qualification. Any aspirations to pursue a clinically focussed doctorate had long since fallen away as I found it increasingly difficult to maintain my clinical skills. I registered with the University of Bath for the DBA, for which this study is a part requirement.

My experience with staff had resulted in a real need to understand the employment relationship better. I wanted to understand the experience of work for this group of staff, almost to make sense of my own experience as an individual and as a manager. In my application I listed the following as my expectations of the programme:

“Better understanding of strategic issues which impact on HEIs in the UK.
Personal development as a manager”.

Two years into the programme, I had become increasingly weary of dealing with the day to day demands of running a department with some fifty academic and support staff. For all my senior managers were supportive, my experience supported Frost and Taylor's (1996) view that “the physical, psychological, and spiritual conditions of people in our field are rarely addressed in any open and systematic way” (p. 201). Despite this I recognised that the institution had given me phenomenal opportunities, with significant promotions in a short period of time. Curiously, while the programme may have helped me work more effectively as a manager, it had also made me much more aware of good practice and I felt increasingly frustrated with the role I was in. I decided I needed to change direction, effectively “retuning on the run” (Frost and Taylor, 1996, p. 349).

I took on a post at the same institution as a campus director, responsible for the development of a new campus some 20 miles from the main campus. What was most attractive about this post was the fact that it was part of broader development with two other universities and a further education college. Looking back at my reasons for moving on I acknowledge that I created “my own reality, including my own (dis)satisfaction” (Frost and Taylor, 1996, p. 355, bracket in original). Reflecting on my actions then has allowed me to view them differently.

6.3. Concluding Reflection

As the study has demonstrated, many of the issues identified in my earlier reflection echo those expressed by participants in this study. On a level this is worrying, whilst on another, as a relative newcomer to HE, it is reassuring. What was most encouraging for me was to find that the results of my pilot study with my own department were very similar to those of the most positive of the HEIs in this study, the NU2. These findings have had a bearing on how I view my career in HE, both to date and in the future. I have used Johns’ (2002) framing perspectives to highlight my reflection on my history and my future, as summarised over.

6.3.1. Framing Perspectives

The framing perspectives are based on eight considerations, namely philosophical, role, theoretical, reality perspective, problems, temporal, parallel processes and developmental. Each consideration has an associated question which I will address.

Philosophical

How has this experience enabled me to confront and clarify my beliefs and values that constitute desirable practice?

Experience of management in my own practice had led me to what I now realise was probably a somewhat naïve view of people and their management. I was able to recruit very bright and able therapists who were committed to both their own development and that of others, including colleagues and clients. My initial experience of management in the UK caused me to challenge my earlier experiences and I became cynical about what motivated some. The DBA has helped me to appreciate this is a common problem, particularly in large organisations. It has also opened my eyes to the hierarchical nature of HE in the UK, reinforcing the need to recognise the internal and external environment in which I work. A greater understanding of the impact of organisational culture and climate, and associated management and leadership, has been especially enlightening.

Role

How has this experience enabled me to clarify my role boundaries and authority and power relationships with others?

In my first years in HE I tended to disengage when confronted with very domineering colleagues, lacking confidence in my own knowledge and authority. The DBA has deepened my understanding of HE and I am more confident of my opinions and what I have gained from recent and more distant experience.

Theoretical

How has this experience enabled me to access, critique and assimilate relevant theory within personal knowing in ways that enable me to make sense of my experience and inform my practice?

The DBA has opened my eyes to a far ranging, complex and rich world of literature.

While I still consider my knowledge to be developing, I am aware of a far greater range of topics of relevance to my day to day practice as a manager. This part of my journey has only just begun and I look forward to developing my knowledge base over time.

Reality Perspective

How has this experience enabled me to accept and understand that sometimes I cannot change things quickly because of forces within practice, while challenging and supporting me to become empowered to act in new, more congruent ways?

I have found the bureaucratic nature of HE, with its heavy reliance on committees, slow moving. Over time I have recognised the differences in this way of working, particularly compared to my experience in my own practice. The DBA has helped me appreciate this is not unique to my institution, or indeed, the UK. With this appreciation has come an acceptance that I cannot alter the processes but I can participate in them fully. I have also tried to move on from feeling frustrated that the institution has not been able to support me in the way I expected, with respect to either maintaining clinical skills or scholarly activity, appreciating it is not unique to it. I also now recognise that they have supported me financially on this programme and that by accepting the promotions available to me, I effectively changed my contract.

Problem

How has this experience enabled me to focus, understand and explore new ways to solve particular problems in my practice?

When first confronted with problems in HE, I actively sought out informal mentors, who helped me understand the environment. This has stood me in good stead. The DBA has added to this ability to seek advice by helping me to frame questions more effectively. It has also exposed me to working practices in other HEIs. When I have seen good practice, I have been able to consider how this might be applied in my own institution.

Temporal

How has this experience enabled me to make connection between the present experience and past experiences whilst anticipating how I might respond in future situations?

I recognise that I am able to cope with frequent and radical change in my personal and professional life. I have been able to use previous experience to explore new roles. The DBA, and this reflection, in particular, has made me realise that some of the areas of my work in which I have been most self-critical were in fact successful. Most importantly, I have come to appreciate that there may be a different way of working, concentrating on the macro level of people management, while working with HR specialists to ensure that the micro level practices are not neglected.

Parallel Process

How has this experience enabled me to make connections with the learning process in supervision and clinical practice?

Unlike in clinical practice, I do not have active supervision sessions. However, I do use my manager as a sounding board. The role I am now in is much more strategic and increasingly I am finding that I am drawing on the knowledge I have acquired.

I am conscious of my newer learning impacting on my perspective of the issues we discuss and are trying to deal with. The key role of strong leadership with effective communication is more than apparent to me as our institution undergoes some radical and far reaching changes.

Developmental

Become a more effective practitioner?

In simple terms, there are two challenges facing me. The one is to be effective in what I do now, the other to plan for a further career move in the future. The DBA has helped in my work with colleagues, particularly at our partner HEIs. It has, however, seriously challenged where I will go in the future. I had come to the view prior to embarking on the DBA that I was not a natural academic. However, I have enjoyed the process of research so much so that I often resent leaving it to go to work, a new feeling for me. While unclear what that future may hold, the challenge for me now is to remain part of the academic world while very involved in a largely administrative role. However, any future move will have to include an academic element.

Where to now? Gallos (1996) identified four key factors, with associated questions, for those concerned to achieve in the academic worlds, namely

“a clear sense of contribution (What do you want to do?), an honest assessment of talent (What do you do well?), a choice of method (How will you make your contribution?) and knowledge of what is joyful for you (What do you like to do best?) (Gallos, 1996, p.17).

I know that I like to work independently with a high level of autonomy but do not shirk from accountability. I enjoy change, after the initial period of instability. I work well with others and can effectively develop team working. I am pragmatic and good at finding solutions. I cannot see where my future contribution will be but know that I want to work closely with others in their development.

My work would have to include an element of stimulation and challenge of an academic nature. I would no longer want to return to clinical practice, even if I thought I was still competent. However, I recognise that I have changed jobs so often in recent years that I should probably consolidate before changing direction again. Most importantly, I recognise the meaning ongoing learning has for me.

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NHS National Staff Survey

What is this survey and why are we asking you to complete it?

This is a survey of your views about your work and about the healthcare organisation for which you work. The overall aim is to gather information that will help us all provide better care for patients and improve the working lives of those who provide this care.

The survey results will be used for different purposes:

- your employer will be able to use the survey to inform improvements in working conditions and practices at a local level
- CHI will use the survey findings in their reviews of the NHS, and to develop performance indicators which will form the basis of NHS star ratings in 2004
- the survey results will also enable the Department of Health to assess the effectiveness of national NHS staff policies (such as training and flexible working policies) and to inform future developments in this area

Please complete it for your current job, or the job you do most of the time. If you work across two or more employers in the NHS, please answer in relation to the employer who gave you this survey to complete. Please read each question carefully, but give your immediate response by ticking the box which best matches your personal view.

Who will see my answers?

The survey is being conducted by researchers from your trust, Aston University and the Commission for Health Improvement (CHI). Your answers will be treated in confidence. No one outside the research team will be able to know which individual gave which answers. The anonymous survey findings will be analysed by Aston University and CHI, and the results will be presented in a form in which no individual's answers can be identified.

Please return this questionnaire to:

For office use only

If you have any queries about this questionnaire please contact the National Survey Advice Centre on 0121 359 2491

WORK-LIFE BALANCE

1. Working hours

- a. How many hours a week are you contracted to work?
- b. On average, how many additional hours do you work per week over and above your contracted hours?
- | | |
|---|--|
| 1 <input type="checkbox"/> 0 hours per week | 5 <input type="checkbox"/> 16-20 hours per week |
| 2 <input type="checkbox"/> 1-5 hours per week | 6 <input type="checkbox"/> 21-25 hours per week |
| 3 <input type="checkbox"/> 6-10 hours per week | 7 <input type="checkbox"/> More than 25 hours per week |
| 4 <input type="checkbox"/> 11-15 hours per week | |

2. Do you agree with the following statements?

I work more than my contracted hours...

Yes

No

- | | | | |
|----|--|----------------------------|----------------------------|
| a. | ...because it is necessary to meet deadlines. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. | ...because it is necessary to get ahead in my career. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. | ...because it is expected by my manager. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. | ...because it is expected by my colleagues. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. | ...because I enjoy my job. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. | ...because it is impossible to do my job if I don't. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. | ...because I want to provide the best care I can for patients. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. | ...because I don't want to let down the people I work with. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i. | ...because I want to earn extra money. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

3. To what extent do you agree with the following?

Strongly
disagree

Disagree

Neither
agree nor
disagree

Agree

Strongly
agree

- | | | | | | | |
|----|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. | My employer is committed to helping staff balance their work and home life. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. | My immediate manager helps me find a good work-life balance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. | I can approach my manager to talk openly about flexible working. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |



4. Which of the following flexible working options does your employer offer?		Yes	No	Don't know
a.	Flexi-time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	Working reduced hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	Working from home in normal working hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	Working to annual, rather than weekly, hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
e.	Teams making their own decisions about rotas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
f.	Job sharing (sharing a full-time job with someone else)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
g.	Career breaks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
h.	Flexible retirement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

5. Accessing flexible working options

a. Have you requested any of the flexible working options listed in the previous question?

₁ ☐ Yes ₂ ☐ No *If YES, please answer Question 5b; if NO, please go to Question 6*

b. (If yes): Did your employer grant your request?

₁ ☐ Yes, completely ₂ ☐ Yes, partially ₃ ☐ No

6. Which of the following care options does your employer offer?		Yes	No	Don't know
a.	Access to childcare coordinator	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	Provision of subsidised childcare	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	Provision of childcare vouchers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	Other childcare support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
e.	Support for carers of other dependants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

7. Shift working

a. Do you work shifts?

₁ ☐ Yes ₂ ☐ No *If YES, go to Question 7b; If NO, go to Question 8*

b. (If yes): Which of the following best describes the kind of shift working you mostly do?

(Please tick the box that best applies to your work)

₁ ☐ Internal rotation/rotary shifts ₃ ☐ Weekend shifts

₂ ☐ Night shifts ₄ ☐ Other types of shift work



APPRAISAL

8. Appraisals

Yes

No

- a. Have you had an appraisal or individual performance review in the last 12 months?

☐ ₁☐ ₂

If NO, go to Question 9; if YES, answer questions b to d below

(If yes)

- b. Was your appraisal or performance review useful in helping you improve how you do your job?

☐ ₁☐ ₂

- c. Did you and your manager agree clear objectives for your work during the appraisal or performance review?

☐ ₁☐ ₂

- d. Did the appraisal or performance review leave you feeling your work is valued by your employer?

☐ ₁☐ ₂

9. Personal development plans

Yes

No

Too early to say

- a. In the past 12 months, did you agree a Personal Development Plan with your line manager?

☐ ₁☐ ₂

If NO, go to Question 10; if YES, answer questions b and c below

(If yes)

- b. Have you received the learning, training and development that was identified in that plan?

☐ ₁☐ ₂☐ ₃

- c. Has your line manager supported you in accessing this learning and development?

☐ ₁☐ ₂☐ ₃

10. Conducting appraisals

Yes

No

- a. Do you conduct staff appraisals or performance reviews for other staff?

☐ ₁☐ ₂

If NO, go to Question 11; if YES, answer question b below

- b. (If yes): Have you been trained by your current employer on how to conduct appraisals or performance reviews?

☐ ₁☐ ₂

TRAINING, LEARNING AND DEVELOPMENT

11. In the past 12 months, about how many days teaching, instruction, tuition or supervised study have you received as part of taught courses provided or paid for by your employer?

₁ ☐ None

₃ ☐ 1-2 days

₅ ☐ 6-9 days

₂ ☐ Less than a day

₄ ☐ 3-5 days

₆ ☐ 10 days or more

12. Thinking of any training and development you have received in the past 12 months from your employer, which of the following methods have been used?

Please tick all that apply

- | | | |
|----|---|----------------------------|
| a. | Any supervised on-the-job training | <input type="checkbox"/> 1 |
| b. | Secondment | <input type="checkbox"/> 2 |
| c. | Mentoring | <input type="checkbox"/> 3 |
| d. | Shadowing | <input type="checkbox"/> 4 |
| e. | E-learning/Online training | <input type="checkbox"/> 5 |
| f. | Other methods of training or learning | <input type="checkbox"/> 6 |
| g. | No training or development received in past 12 months | <input type="checkbox"/> 7 |

13. Since you started work in this organisation, has your employer provided you with training in any of the following areas?

Please tick all that apply

- | | | |
|----|-----------------------------------|----------------------------|
| a. | Equal opportunities | <input type="checkbox"/> 1 |
| b. | Racial awareness | <input type="checkbox"/> 2 |
| c. | Gender awareness | <input type="checkbox"/> 3 |
| d. | Disability awareness | <input type="checkbox"/> 4 |
| e. | Harassment and bullying awareness | <input type="checkbox"/> 5 |
| f. | Religious awareness | <input type="checkbox"/> 6 |
| g. | None of the above areas | <input type="checkbox"/> 7 |

TEAM WORKING

14. The following questions are about team working and relate to that group of people you work with most closely.

- a. Do you work in a team? 1 ☐ Yes 2 ☐ No

If NO, go to Question 15; if YES, answer questions b to f below

- b. How many teams do you work in?

1 ☐ One 2 ☐ Two 3 ☐ Three 4 ☐ Four 5 ☐ Five 6 ☐ More than 5

If your answer to Question 14b is more than one, please answer the following questions in relation to the main team you work with, or the one you spend the most time in.

- c. Does your team have clear objectives? 1 ☐ Yes 2 ☐ No

- d. Do you have to work closely with other team members to achieve the team's objectives? 1 ☐ Yes 2 ☐ No

- e. Does the team meet regularly to discuss its effectiveness and how it could be improved? 1 ☐ Yes 2 ☐ No

- f. How many people are there in your team (the core members)?

1 ☐ 2-5 2 ☐ 6-9 3 ☐ 10-15 4 ☐ More than 15

HEALTH AND SAFETY

15. Health and safety training

Yes

No

- a. Have you received health and safety training from your employer in the last 12 months? ☐₁ ☐₂
- b. Do you have access to counselling services at work? ☐₁ ☐₂
- c. Do you have access to occupational health services at work? ☐₁ ☐₂

ERRORS AND INCIDENTS

16. Errors and near misses

None

1-2

3-5

6-10

More
than 10

- a. In the last month, how many errors or near misses did you see that could hurt PATIENTS? ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
- b. In the last month, how many errors or near misses did you see that could hurt STAFF? ☐₁ ☐₂ ☐₃ ☐₄ ☐₅

17. During the last year have you been injured or felt unwell as a result of the following problems at work?

Yes

No

- a. Moving and handling ☐₁ ☐₂
- b. Needlestick and sharps injuries ☐₁ ☐₂
- c. Slips, trips or falls ☐₁ ☐₂
- d. Exposure to dangerous substances ☐₁ ☐₂
- e. Work related stress ☐₁ ☐₂

18. Questions about incident reporting

Yes

No

Don't
know

- a. Do you know how to report such errors, near misses and incidents? ☐₁ ☐₂
- b. Does your employer treat fairly those staff who are involved in an error, near miss or incident? ☐₁ ☐₂ ☐₉
- c. Does your employer encourage you to report errors, near misses or incidents? ☐₁ ☐₂ ☐₉
- d. Does your employer treat reports of errors, near misses or incidents confidentially? ☐₁ ☐₂ ☐₉
- e. Does your employer blame or punish people who make errors? ☐₁ ☐₂ ☐₉
- f. When errors are reported, does your employer take action to ensure that they do not happen again? ☐₁ ☐₂ ☐₉

YOUR JOB

19. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I have, clear, planned goals and objectives for my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I often have trouble working out whether I am doing well or poorly in this job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I am involved in deciding on the changes introduced that effect my work area/team/department.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I cannot meet all the conflicting demands on my time at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I have taken on increased responsibilities in my job over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20. How satisfied are you with each of the following areas of your job?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. The recognition I get for good work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The support I get from my immediate manager.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. The freedom I have to choose my own method of working.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The support I get from my work colleagues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The amount of responsibility I am given.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. The opportunities I have to use my abilities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The extent to which my employer values my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

21. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I often think about leaving my current employer.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I will probably look for a new job in the next year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. As soon as I can find another job, I will leave my current employer.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If I leave my current job, I would want to stay in the NHS.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

22. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I always know what my responsibilities are.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I am consulted about changes that affect my work area/team/department.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I do not have time to carry out all my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I get clear feedback about how well I am doing my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My job has become more interesting over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Changes to my job in the last year have led to better patient care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>If your job has not changed at all in the last year, please leave question f blank and tick here:</i>	<input type="checkbox"/> 9				

MANAGEMENT AND SUPERVISION

23. To what extent do you agree with the following statements about your manager/supervisor? My manager/supervisor...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. ...encourages those who work for her/him to work as a team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. ...makes sure that I am clear about what my job is.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. ...can be counted on to help me with a difficult task at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. ...gives me clear feedback on my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. ...asks for my opinion before making decisions that affect my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. ...is supportive in a personal crisis.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

24. Senior management in my organisation...	Yes	No	Don't know
a. ...set out a clear vision of where the organisation is headed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. ...support new ideas for improving services for patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. ...are focused on meeting patients' needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. ...build strong, positive relationships with the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. ...build strong, co-operative links with other organisations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

YOUR ORGANISATION

25. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. On the whole, communication in my organisation is effective.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Managers here try to involve staff in important decisions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Communication between management and staff is effective.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Managers encourage staff to suggest new ideas for improving services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. On the whole, the different parts of the organisation communicate effectively with each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Managers here want staff to be involved in the way the organisation is run.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My employer makes patient-focused care our top priority.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. As a patient, I would be happy to have care provided by my organisation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

26. Is your employer committed to equal opportunities for all staff?		
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> Don't know

HARASSMENT, BULLYING AND VIOLENCE

27. In the past 12 months have you experienced physical violence from any of the following?		Yes	No
a.	Patients/clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Relatives of patients/clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Manager/Supervisor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	Colleagues	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	If you have answered yes to any of the above, did you report this physical violence?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

28. In the past 12 months have you experienced harassment, bullying or abuse from any of the following?

	Yes	No
a. Patients/clients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Relatives of patients/clients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Manager/Supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. If you have answered yes to any of the above, did you report this harassment, bullying or abuse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

29. If an incident of violence, harassment, bullying or abuse occurs, do you know how to report it?

₁ ☐ Yes ₂ ☐ No

30. Do you agree with the following?
My employer...

	Yes	No	Don't know
a. ...takes effective action if staff are physically attacked.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b. ...takes effective action if staff are bullied, harassed or abused.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c. ...takes effective action if staff are racially harassed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d. ...takes effective action if staff are sexually harassed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

BACKGROUND DETAILS

We would like to know some of your background details. This will enable us to compare the views of different groups of staff, and to determine whether all groups are being treated fairly

31. About you

a. Gender:

₁ ☐ Male ₂ ☐ Female

b. Age:

₁ ☐ 16-20 ₂ ☐ 21-30 ₃ ☐ 31-40 ₄ ☐ 41-50 ₅ ☐ 51-65 ₆ ☐ 66+

32. What is your ethnic group?

White

- 01 ☐ British
- 02 ☐ Irish
- 03 ☐ Other White background

Asian/Asian British

- 08 ☐ Indian
- 09 ☐ Pakistani
- 10 ☐ Bangladeshi
- 04 ☐ Other Asian background

Mixed

- 12 ☐ White and Black Caribbean
- 13 ☐ White and Black African
- 14 ☐ White and Asian
- 11 ☐ Any other mixed background

Black/Black British

- 05 ☐ Caribbean
- 06 ☐ African
- 07 ☐ Any other Black background

Chinese or other ethnic group

- 15 ☐ Chinese
- 16 ☐ Any other ethnic group

(please state)

33. Do you have dependants living with you?

- 1 ☐ Yes 2 ☐ No

If YES, in which of the following categories do you have dependants? Please tick all that apply.

- a. Children less than 5 years old living with you ☐ 1
- b. Children between 5 and 18 years old living with you ☐ 2
- c. Elderly dependants living with you ☐ 3
- d. Disabled dependants living with you ☐ 4

34. Do you have a disability?

- 1 ☐ Yes 2 ☐ No

35. Which of the following describes your employment?

(Please tick as many boxes as apply to you)

- a. Permanent ☐ 1
- b. Under contract for a fixed period or task ☐ 2
- c. Seconded ☐ 3
- d. Locum ☐ 4

Appendix 1 NHS Survey (CHI, 2003a) Core Questions

36. What is your occupational group?

- | | | |
|--|--|--|
| 01 <input type="checkbox"/> Nursing (Registered) | 07 <input type="checkbox"/> Medical and Dental (consultant) | 13 <input type="checkbox"/> Paramedic |
| 02 <input type="checkbox"/> Nursing (Unregistered) | 08 <input type="checkbox"/> Medical and Dental (other) | 14 <input type="checkbox"/> Ambulance Technician |
| 03 <input type="checkbox"/> Health Visitor | 09 <input type="checkbox"/> General Management | 15 <input type="checkbox"/> Ambulance Person |
| 04 <input type="checkbox"/> Midwife | 10 <input type="checkbox"/> Scientific and Technical | 16 <input type="checkbox"/> Other (please specify) |
| 05 <input type="checkbox"/> Health Care Assistant | 11 <input type="checkbox"/> Admin & Clerical | <input type="text"/> |
| 06 <input type="checkbox"/> Allied Health Professional (including Clinical Psychologist or Occupational Therapist) | 12 <input type="checkbox"/> Maintenance/Ancillary (hotel services, facilities & estates) | |

37. Do you manage others within your organisation?

- 1 ☐ Yes 2 ☐ No

38. For how many years have you worked in this organisation?

- | | | |
|---|---------------------------------------|---|
| 1 <input type="checkbox"/> Less than 1 year | 3 <input type="checkbox"/> 3-5 years | 5 <input type="checkbox"/> 11-15 years |
| 2 <input type="checkbox"/> 1-2 years | 4 <input type="checkbox"/> 6-10 years | 6 <input type="checkbox"/> More than 15 years |

39. If you have any additional comments, please write these below

Thank you for your time and effort in completing the questionnaire. The information will be used to improve the care we give to patients and the working lives of those who provide the care.

WORK-LIFE BALANCE

1. How long does it take you to travel to work?

1 ☐ Less than 15 minutes3 ☐ 31 to 45 minutes5 ☐ More than an hour2 ☐ 15 to 30 minutes4 ☐ 46 minutes to an hour

TRAINING, LEARNING AND DEVELOPMENT

2. Have you experienced any of the following difficulties obtaining training from your employer?

*Please tick all that apply*a. Lack of information about available training, learning and development ☐ 01b. Lack of suitable training, learning and development on offer ☐ 02c. Available training but at inconvenient times ☐ 03d. Available training but at inconvenient places ☐ 04e. Difficulty getting cover for my work ☐ 05f. Difficulty taking time off work ☐ 06g. Difficulty finding time for personal reasons ☐ 07h. Lack of funding ☐ 08i. No training offered to me ☐ 09j. Other difficulty ☐ 10*(Please write in the space here what this difficulty was)*k. None of these difficulties ☐ 11

3. Does your employer have a policy of ensuring 'protected time'?

1 ☐ Yes 2 ☐ No 9 ☐ Don't know*(Protected time is time when staff are not required to perform their normal work duties and there is adequate cover for them, so that they can attend training, learning and development events.)*

TRAINING, LEARNING AND DEVELOPMENT

4. Thinking of any learning, training and development that you have received in the past 12 months (paid for or provided by your employer), do you think it has led to any of the following gains?

Please tick all that apply

- a. My learning, training and development has helped me to do the job better. ☐ 1
- b. It has improved my chances of promotion. ☐ 2
- c. It has helped me stay up-to-date with the job. ☐ 3
- d. It has helped me to stay up-to-date with professional requirements. ☐ 4
- e. It has led to none of these gains. ☐ 5
- Or...
- f. I have not received any learning, training or development in the past year. ☐ 6

5. Do you agree with the following statements?

Yes No Don't know

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a. My employer is committed to my learning, training and development. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| b. My employer has a written strategy about staff training, learning and development. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| c. All staff have access to learning opportunities. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| d. An induction programme is in place for all new staff. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| e. My employer offers me opportunities to develop my role and my career. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| f. Learning, training and development are available to suit my hours. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| g. Learning, training and development are available to suit staff with disabilities or other special needs. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |

HEALTH AND SAFETY

6. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I have a comfortable work space.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have a clean work space.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I have the right equipment to do my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. It is too noisy in my work area.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I feel safe and secure in my working environment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Food and catering facilities for staff are poor.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. I have a place I can go for rest and recreation at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. There are too few staff so I feel overloaded by work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PAY AND CONDITIONS

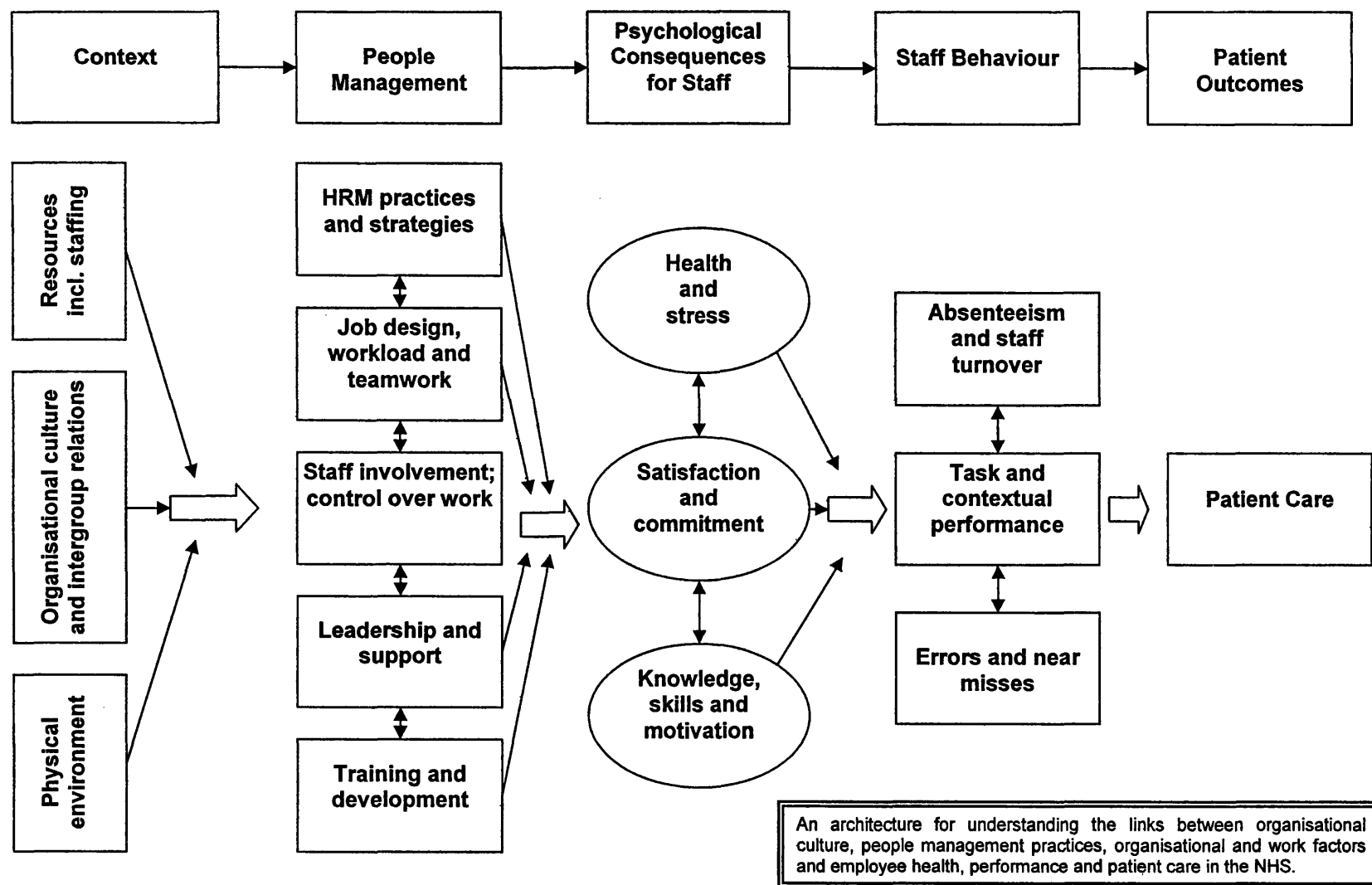
7. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. In the last few years pay has improved for NHS staff generally.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I think my pay is unfair in comparison with other staff in my organisation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My pay and conditions have improved over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I get fairly rewarded for acquiring new skills and competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Thank you for your time and effort in completing the questionnaire. The information will be used to improve the care we give to patients and the working lives of those who provide the care.

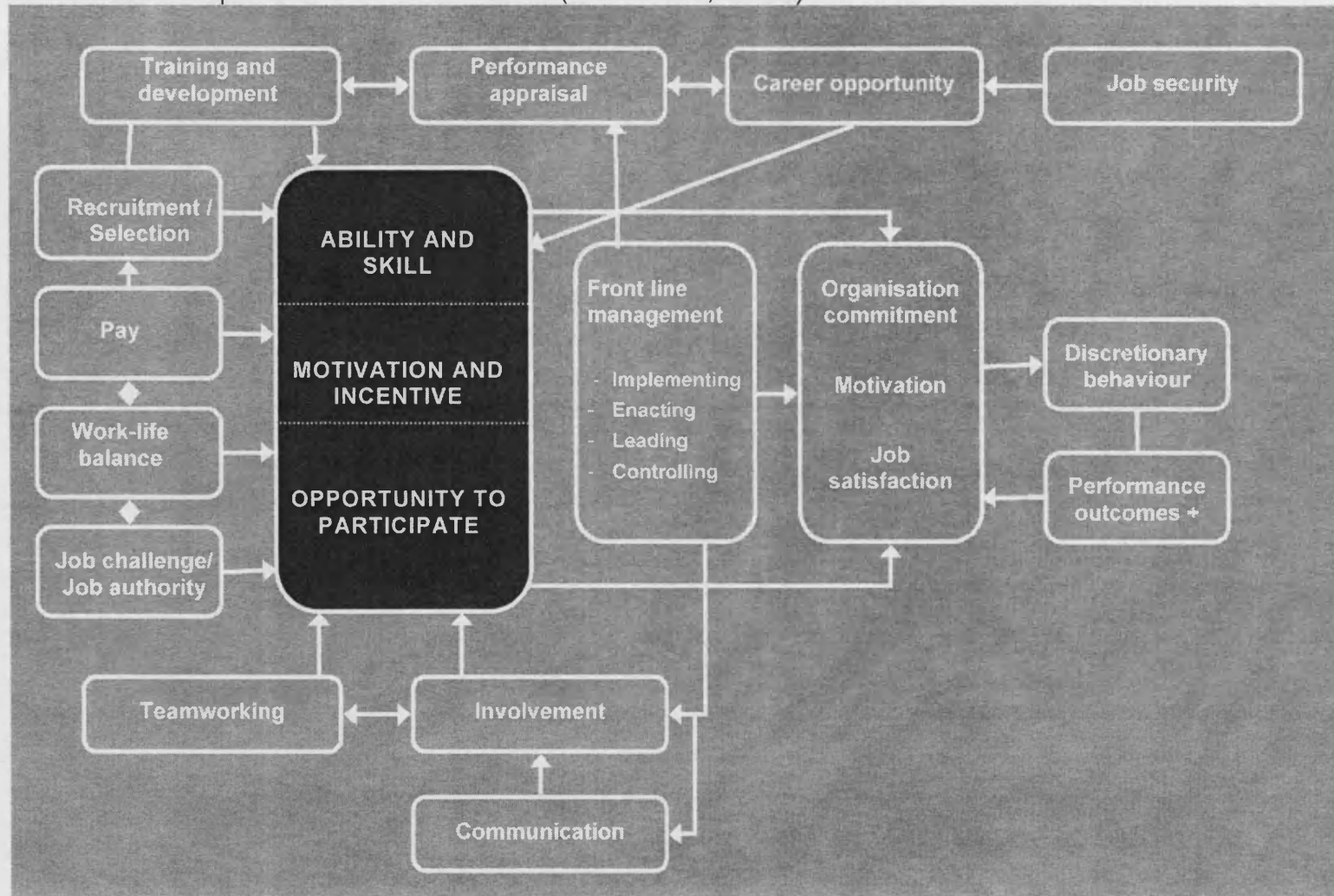
Appendix 3 Watson (2000a). Universities: ancient and modern

Universities: ancient and modern (Watson, 2000a, p.39)

<i>Ancient</i>	<i>Modern</i>
Elite	Open
Competitive 'admission'	Accessible 'enrolment'
Full-time	Full-time, part-time, mixed mode
Highly structured	Flexible, modular
Single honours	Many levels, intermediate awards, Credit Accumulation and Transfer Scheme
Postgraduate research	Postgraduate and post-experience, continuing professional development (CPD)
Traditional teaching	Innovative learning styles
Subjects and disciplines	Professional and vocational applications
Pure/basic research	Applied research, consultancy, 'technology' transfer
Graduates move on to research and further study	High graduate employment
The 'ivory tower'	Many partnerships
National/international reputation	Local/regional role
High costs	High value for money (VFM)



Appendix 5 The Bath People and Performance Model (Purcell et al, 2003a)



For office use only:

Survey on Employment Relationships

What is this survey and why am I asking you to complete it?

This is a survey of your views about your work and about the higher education institution which employs you.

The purpose of the survey is to explain the employment relationship of allied health professionals employed in higher education institutions in England

Please complete it for your **current** job in higher education.

Please read each question carefully, but give your immediate response by ticking the box which best matches your personal view.

Who will see my answers?

The survey is being conducted as part of my Doctorate in Business Administration (Higher Education Management). Your answers will be treated in confidence. I will be the only person who will know which individual gave which answers. The anonymous survey findings will be analysed by me and the results presented in a form in which no individuals answers can be identified.

Please return this questionnaire in the stamped-addressed envelope attached. Should you have any queries, please contact me on 01227 782713 or on m.e.helm@canterbury.ac.uk.

Please return this questionnaire to:

Moir Helm
Allied Health Professions Department
Canterbury Christ Church University College
North Holmes Road
Canterbury
Kent
CT1 1QU

Adapted from the NHS National Staff Survey (CHI, 2003)

WORK-LIFE BALANCE

1. Working Hours

a.	How many hours a week are you contracted to work?	:	
b.	On average, how many additional hours do you work per week over and above your contracted hours?		
1	<input type="checkbox"/> 0 hours per week	5	<input type="checkbox"/> 16-20 hours per week
2	<input type="checkbox"/> 1-5 hours per week	6	<input type="checkbox"/> 21-25 hours per week
3	<input type="checkbox"/> 6-10 hours per week	7	<input type="checkbox"/> More than 25 hours per week
4	<input type="checkbox"/> 11-15 hours per week		

2. Do you agree with the following statements?

I work more than my contracted hours...	Yes	No
a. ...because it is necessary to meet deadlines.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. ...because it is necessary to get ahead in my career.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. ...because it is expected by my manager.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. ...because it is expected by my colleagues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. ...because I enjoy my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. ...because it is impossible to do my job if I don't.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. ...because I want to provide the best experience for students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. ...because I don't want to let down the people I work with.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. ...because I want to earn extra money.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

3. To what extent do you agree with the following?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. My employer is committed to helping staff balance their work and home life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My immediate manager helps me find a good work-life balance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I can approach my manager to talk openly about flexible working.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. Which of the following flexible working options does your employer offer?		Yes	No	Don't know
a.	Flexi-time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	Working reduced hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	Working from home in normal working hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	Working to annual, rather than weekly hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
e.	Teams making their own decisions about duties	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
f.	Job sharing (sharing a full-time job with someone else)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
g.	Career breaks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
h.	Flexible retirement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

5. Accessing flexible working options	
a.	Have you requested any of the flexible working options listed in the previous question?
₁	<input type="checkbox"/> Yes ₂ <input type="checkbox"/> No <i>If YES, please answer Question 5b; if, NO, please go to Question 6</i>
b.	(If yes): did your employer grant your request?
₁	<input type="checkbox"/> Yes ₂ <input type="checkbox"/> Yes, partially ₃ <input type="checkbox"/> No

6. Which of the following care options does your employer offer?		Yes	No	Don't know
a.	Access to childcare coordinator.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	Provision of subsidised childcare.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	Provision of childcare vouchers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	Other childcare support.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
e.	Support for carers of other dependants.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

7. How long does it take you to travel to work?		
₁	<input type="checkbox"/> Less than 15 minutes	₃ <input type="checkbox"/> 31 to 45 minutes
₂	<input type="checkbox"/> 15 to 30 minutes	₄ <input type="checkbox"/> 46 minutes to an hour
₅	<input type="checkbox"/> More than an hour	

APPRAISAL			
8. Appraisals		Yes	No
a.	Have you had an appraisal or individual performance review in the last 12 months? <i>If NO, go to Question 9; if YES, answer questions b to d below</i> (If yes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Was your appraisal or performance review useful in helping you improve how you do your job?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	Did you and your manager agree clear objectives for your work during the appraisal or performance review?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	Did the appraisal or performance review leave you feeling your work is valued by your employer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9. Personal development plans		Yes	No Too early to say
a.	In the past 12 months, did you agree a Personal Development Plan or equivalent with your line manager? <i>If NO, go to Question 10; if YES, answer questions b and c below</i> (If yes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Have you received the learning, training and development that was identified in that plan?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂ <input type="checkbox"/> ₃
c.	Has your line manager supported you in accessing this learning and development?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂ <input type="checkbox"/> ₃
10. Conducting Appraisals		Yes	No
a.	Do you conduct staff appraisals or performance reviews for other staff? <i>If NO, go to Question 11; if YES, answer questions b below</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	(If yes): Have you been trained by your current employer on how to conduct appraisals for performance reviews?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TRAINING, LEARNING AND DEVELOPMENT			
11. In the past 12 months, about how many days have you had to pursue your own scholarly/research activities?			
<input type="checkbox"/> ₁	<input type="checkbox"/> none	<input type="checkbox"/> ₃	<input type="checkbox"/> 1-2 days
<input type="checkbox"/> ₅	<input type="checkbox"/> 6-9 days	<input type="checkbox"/> ₂	<input type="checkbox"/> less than a day
<input type="checkbox"/> ₆	<input type="checkbox"/> 10 days or more	<input type="checkbox"/> ₄	<input type="checkbox"/> 3-5 days

12. In the past 12 months, about how many days have you spent attending workshops or conferences?

<input type="checkbox"/> 1 none	<input type="checkbox"/> 3 1-2 days	<input type="checkbox"/> 5 6-9 days
<input type="checkbox"/> 2 less than a day	<input type="checkbox"/> 4 3-5 days	<input type="checkbox"/> 6 10 days or more

13. In the past 12 months, about how many days teaching, instruction, tuition or supervised study have you received as part of taught courses provided or paid for by your employer?

<input type="checkbox"/> 1 none	<input type="checkbox"/> 3 1-2 days	<input type="checkbox"/> 5 6-9 days
<input type="checkbox"/> 2 less than a day	<input type="checkbox"/> 4 3-5 days	<input type="checkbox"/> 6 10 days or more

14. Thinking of any training and development you have received in the past 12 months from your employer, which of the following methods have been used?

<i>Please tick all that apply</i>			
a.	Any supervised on-the-job training	<input type="checkbox"/> 1	
b.	Secondment	<input type="checkbox"/> 2	
c.	Mentoring	<input type="checkbox"/> 3	
d.	Shadowing	<input type="checkbox"/> 4	
e.	E-learning/Online training	<input type="checkbox"/> 5	
f.	Other methods of training or learning	<input type="checkbox"/> 6	
g.	No training or development received in past 12 months	<input type="checkbox"/> 7	

15. Since you started work in this organisation, has your employer provided you with training in any of the following areas?

<i>Please tick all that apply</i>			
a.	Equal opportunities	<input type="checkbox"/> 1	
b.	Racial awareness	<input type="checkbox"/> 2	
c.	Gender awareness	<input type="checkbox"/> 3	
d.	Disability awareness	<input type="checkbox"/> 4	
e.	Harassment and bullying awareness	<input type="checkbox"/> 5	
f.	Religious awareness	<input type="checkbox"/> 6	
g.	None of the above areas	<input type="checkbox"/> 7	

16. Have you experienced any of the following difficulties obtaining training from your employer?

<i>Please tick all that apply</i>			
a.	Lack of information about available training, learning and development	<input type="checkbox"/> 1	
b.	Lack of suitable training, learning and development on offer	<input type="checkbox"/> 2	
c.	Available training but at inconvenient times	<input type="checkbox"/> 3	
d.	Available training but at inconvenient places	<input type="checkbox"/> 4	
e.	Difficulty getting cover for my work	<input type="checkbox"/> 5	
f.	Difficulty taking time off work	<input type="checkbox"/> 6	
g.	Difficulty finding time for personal reasons	<input type="checkbox"/> 7	
h.	Lack of funding	<input type="checkbox"/> 8	
i.	No training offered to me	<input type="checkbox"/> 9	
j.	Other difficulty	<input type="checkbox"/> 10	
(Please write in the space below what this difficulty was)			
:			
k.	None of these difficulties	<input type="checkbox"/> 11	

17. Does your employer have a policy of ensuring 'protected time'?

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No	<input type="checkbox"/> 9 Don't know
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(Protected time is time when staff are not required to perform their normal work duties and there is adequate cover for them, so that they can attend training, learning and development events.)

18. Thinking of any learning, training and development that you have received in the past 12 months (paid for or provided by your employer), do you think it has led to any of the following gains?

<i>Please tick all that apply</i>			
a.	My learning, training and development has helped me to do the job better.	<input type="checkbox"/> 1	
b.	It has improved my chances of promotion.	<input type="checkbox"/> 2	
c.	It has helped me stay up-to-date with the job.	<input type="checkbox"/> 3	
d.	It has helped me to stay up-to-date with professional requirements.	<input type="checkbox"/> 4	
e.	It has led to none of these gains.	<input type="checkbox"/> 5	
Or...			

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f.	I have not received any learning, training or development in the past year.	<input type="checkbox"/> ₆	
19. Do you agree with the following statements?		Yes	No
			Don't know
a.	My employer is committed to my learning, training and development.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	My employer has a written strategy about staff training, learning and development.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	All staff have access to learning opportunities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	An induction programme is in place for all new staff.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	My employer offers me opportunities to develop my role and career.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f.	Learning, training and development are available to suit my hours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g.	Learning, training and development are available to suit staff with disabilities or other special needs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

TEAM WORKING

20. The following questions are about team working and relate to that group of people you work with most closely.

a.	Do you work in a team?	₁ <input type="checkbox"/> Yes	₂ <input type="checkbox"/> No
<i>If NO, go to Question 21; if YES, answer questions b to f below</i>			
b.	How many teams do you work in?		
	₁ <input type="checkbox"/> One	₂ <input type="checkbox"/> Two	₃ <input type="checkbox"/> Three
	₄ <input type="checkbox"/> Four	₅ <input type="checkbox"/> Five	₆ <input type="checkbox"/> more than 5
<i>If your answer to Question 15b is more than one, please answer the following questions in relation to the main team you work with, or the one you spend the most time in.</i>			
c.	Does your team have clear objectives?	₁ <input type="checkbox"/> Yes	₂ <input type="checkbox"/> No
d.	Do you have to work closely with other team members to achieve the team's objectives?	₁ <input type="checkbox"/> Yes	₂ <input type="checkbox"/> No
e.	Does the team meet regularly to discuss its effectiveness and how it could be improved?	₁ <input type="checkbox"/> Yes	₂ <input type="checkbox"/> No
f.	How many people are there in your team (the core members)?		
	₁ <input type="checkbox"/> 2-5	₂ <input type="checkbox"/> 6-9	₃ <input type="checkbox"/> 10-15
	₄ <input type="checkbox"/> more than 15		

HEALTH AND SAFETY						
21. Health and safety training					Yes	No
a.	Have you received health and safety training from your employer in the last 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
b.	Do you have access to counselling services at work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
c.	Do you have access to occupational health services at work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
22. To what extent do you agree with the following?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	I have a comfortable work space.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	I feel safe and secure in my working environment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	Food and catering facilities for staff are poor.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	I have a place I can go for rest and recreation at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	There are too few staff so I feel overloaded by work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
YOUR JOB						
23. To what extent do you agree with the following?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	I have, clear, planned goals and objectives for my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	I often have trouble working out whether I am doing well or poorly in this job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	I am involved in deciding on the changes introduced that affect my work area/team/department.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	I cannot meet all the conflicting demands on my time at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	I have taken on increased responsibilities in my job over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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24. How satisfied are you with each of the following areas of your job?		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a.	The recognition I get for good work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	The support I get from my immediate manager.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	The freedom I have to choose my own method of working.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	The support I get from my work colleagues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	The amount of responsibility I am given.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	The opportunities I have to use my abilities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g.	The extent to which my employer values my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

25. To what extent do you agree with the following?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	I often think about leaving my current employer.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	I will probably look for a new job in the next year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	As soon as I can find another job, I will leave my current employer.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	If I leave my current job, I would want to stay in higher education.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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26. To what extent do you agree with the following?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	I always know what my responsibilities are.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	I am consulted about changes that affect my work area/team/department.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	I do not have time to carry out all my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	I get clear feedback about how well I am doing my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	My job has become more interesting over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	Changes to my job in the last year have led to a better student experience.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
If your job has not changed at all in the last year, please leave question f blank and tick here:		<input type="checkbox"/> 9				

27. To what extent do you agree with the following?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My institution places too much emphasis on...						
a.	...teaching.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	...research.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	...administration.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	...income generation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	...student support.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	...clinical work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g.	...consultancy work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PAY AND CONDITIONS						
28. To what extent do you agree with the following?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	In the last few years pay has improved for staff generally.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	I think my pay is unfair in comparison with other staff in my organisation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	My pay and conditions have improved over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	I get fairly rewarded for acquiring new skills and competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

MANAGEMENT AND SUPERVISION						
29. To what extent do you agree with the following statements about your manager/supervisor?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My manager/supervisor...						
a.	...encourages those who work for him/her to work as a team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	...makes sure that I am clear about what my job is.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	...can be counted on to help me with a difficult task at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	...gives me clear feedback on my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	...asks for my opinion before making decisions that affect my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	...is supportive in a personal crisis.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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30. Senior management in my organisation...		Yes	No	Don't know
a.	...set out a clear vision of where the organisation is headed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b.	...support new ideas for improving services for students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c.	...are focused on meeting students needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d.	...build strong, positive relationships with the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e.	...build strong, co-operative links with other organisations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

YOUR ORGANISATION						
31. To what extent do you agree with the following?		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	On the whole, communication in my organisation is effective.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	Managers here try to involve staff in important decisions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	Communication between management and staff is effective.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	Managers encourage staff to suggest new ideas for improving services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	On the whole, the different parts of the organisation communicate effectively with each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	Managers here want staff to be involved in the way the organisation is fun.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g.	My employer makes students our top priority.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h.	As a student, I would be happy to be registered on a programme provided by my organisation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

32. Is your employer committed to equal opportunities for all staff?		
<input type="checkbox"/> 1	<input type="checkbox"/> Yes	<input type="checkbox"/> 3 <input type="checkbox"/> No
<input type="checkbox"/> 9	<input type="checkbox"/> Don't know	

HARASSMENT, BULLYING AND VIOLENCE

33. In the past 12 months have you experienced physical violence from any of the following?

a.	Students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Relatives of students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	Manager/supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	Colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	If you have answered yes to any of the above, did you report this physical violence?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

34. In the past 12 months have you experienced harassment, bullying or abuse from any of the following?

a.	Students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Relatives of students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	Manager/supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	Colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	If you have answered yes to any of the above, did you report this harassment, bullying or abuse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

35. If an incident of violence, harassment, bullying or abuse occurs, do you know how to report it?

<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	
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36. Do you agree with the following?

		Yes	No	Don't know
	My employer...			
a.	...takes effective action if staff are physically attacked.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	... takes effective action if staff are bullied, harassed or abused.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	...takes effective action if staff are racially harassed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	...takes effective action if staff are sexually harassed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

BACKGROUND DETAILS

I would like to know some of your background details.
This will enable me to compare the views of different groups of staff,
and to determine whether all groups are being treated fairly.

37. About you

a.	Gender:					
	1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female				
b.	Age:					
	1 <input type="checkbox"/> 16-20	2 <input type="checkbox"/> 21-30	3 <input type="checkbox"/> 31-40	4 <input type="checkbox"/> 41-50	5 <input type="checkbox"/> 51-65	6 <input type="checkbox"/> 66+

38. What is your ethnic group?

<u>White</u>	<u>Asian/Asian British</u>	<u>Mixed</u>
01 <input type="checkbox"/> British	08 <input type="checkbox"/> Indian	12 <input type="checkbox"/> White and Black Caribbean
02 <input type="checkbox"/> Irish	09 <input type="checkbox"/> Pakistani	13 <input type="checkbox"/> White and Black African
03 <input type="checkbox"/> Other White background	10 <input type="checkbox"/> Bangladeshi	14 <input type="checkbox"/> White and Asian
	04 <input type="checkbox"/> Other Asian background	11 <input type="checkbox"/> Any other mixed background
<u>Black/Black British</u>		<u>Chinese or other ethnic group</u>
05 <input type="checkbox"/> Caribbean		15 <input type="checkbox"/> Chinese
06 <input type="checkbox"/> African		16 <input type="checkbox"/> Other
07 <input type="checkbox"/> Any other Black background	(please state)	:

39. Do you have dependants living with you?

	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	
	<i>If YES, in which of the following categories do you have dependants? Please tick all that apply.</i>		
a.	Children less than 5 years old living with you	<input type="checkbox"/>	1
b.	Children between 5 and 18 years old living with you	<input type="checkbox"/>	2
c.	Elderly dependants living with you	<input type="checkbox"/>	3
d.	Disables dependants living with you	<input type="checkbox"/>	4

40. Do you have a disability?

	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	
--	--------------------------------	-------------------------------	--

Appendix 6 Draft Questionnaire

41. Which of the following describes your employment?

<i>(Please tick as many boxes as apply to you).</i>		
a.	Permanent	<input type="checkbox"/> 1
b.	Under contract for a fixed period or task	<input type="checkbox"/> 2
c.	Seconded	<input type="checkbox"/> 3
d.	Locum	<input type="checkbox"/> 4

42. What is your discipline?

01 <input type="checkbox"/> Art therapist	07 <input type="checkbox"/> Orthotist
02 <input type="checkbox"/> Chiropodist	08 <input type="checkbox"/> Paramedic
03 <input type="checkbox"/> Clinical scientist	09 <input type="checkbox"/> Physiotherapist
04 <input type="checkbox"/> Dietician	10 <input type="checkbox"/> Prosthetist and Orthotist
05 <input type="checkbox"/> Medical Laboratory Technician	11 <input type="checkbox"/> Radiographer
06 <input type="checkbox"/> Occupational Therapist	12 <input type="checkbox"/> Speech and Language Therapist
	13 <input type="checkbox"/> Other
(please specify) :	

43. What qualifications do you hold?

		Qualifications	Title of Award	Year of Award
a.	<input type="checkbox"/> 1	Diploma	:	:
b.	<input type="checkbox"/> 2	Degree	:	:
c.	<input type="checkbox"/> 3	Degree with Honours	:	:
e.	<input type="checkbox"/> 4	Masters	:	:
f.	<input type="checkbox"/> 5	Doctorate	:	:
g.	<input type="checkbox"/> 6	Teaching qualification	:	:
h.	<input type="checkbox"/> 7	Other (please specify)	:	:

Appendix 6 Draft Questionnaire

44. What is your job title?

01 <input type="checkbox"/> Lecturer	06 <input type="checkbox"/> Professional Lead
02 <input type="checkbox"/> Senior Lecturer	07 <input type="checkbox"/> Head of Department/School
03 <input type="checkbox"/> Principal Lecturer	08 <input type="checkbox"/> Assistant Dean
04 <input type="checkbox"/> Fellow	09 <input type="checkbox"/> Dean
05 <input type="checkbox"/> Reader	10 <input type="checkbox"/> Other
(please specify) :	

45. Do you manage others within your organisation?

1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
--------------------------------	-------------------------------

46. For how many years have you worked in this organisation?

1 <input type="checkbox"/> Less than 1 year	3 <input type="checkbox"/> 3-5 years	5 <input type="checkbox"/> 11-15 years
2 <input type="checkbox"/> 1-2 years	4 <input type="checkbox"/> 6-10 years	6 <input type="checkbox"/> More than 15 years

47. If you have any additional comments, please write these below,

:

Thank you for your time and effort in completing the questionnaire.

This questionnaire has been adapted from the NHS National Staff Survey (CHI, 2003)

Appendix 7 Letter to Pilot Participants

Dear

RE: A SURVEY OF ALLIED HEALTH PROFESSIONALS EMPLOYED BY HIGHER EDUCATION INSTITUTIONS IN ENGLAND: THE EMPLOYMENT RELATIONSHIP

I am undertaking the survey as part of a Doctorate in Business Administration (Higher Education Management) at the University of Bath. The survey will explore the employment relationship by collecting data using a questionnaire, telephone interviews and focus groups. With the ever-increasing demands made on health educators this work may be relevant to both staff, their managers and the organisation.

I am hoping you might be prepared participate in piloting the survey. The first part of the survey to be piloted will be the questionnaire. It is an expanded and slightly adapted version of the NHS National Staff Survey Questionnaire. The questionnaire explores employee's views of work and their relationship with the organisation in which they work.

Participation in the pilot is entirely voluntary. Answers will be treated in confidence. I will be the only person who will know who has responded.

If would like to help with this pilot by completing the questionnaire and commenting on its content and format, please contact me by Email : m.e.helm@canterbury.ac.uk

Yours sincerely

Moira

Appendix 8 Comment Sheet on Pilot Questionnaire

Comment on Pilot Study

Thank you for being prepared to complete and comment on the draft questionnaire. I would welcome any feedback, but you may find the following helpful in responding. Please do feel free to add any other comments you may have.

1.	Covering letter
2.	Brief Synopsis
3.	Layout of questionnaire
4.	Content of questionnaire in relation to the topic
5.	Question wording
6.	Question length
7.	Question sequence
How long did it take you to complete the questionnaire?	

Thank you again for your participation. Please could you return the completed form and questionnaire in the enclosed addressed envelope.

Many thanks

Moiria Helm

For office use only:

Survey on Employment Relationships

What is this survey and why am I asking you to complete it?

This is a survey of your views about your work and about the higher education institution which employs you.

The purpose of the survey is to explore the employment relationship of allied health professionals employed in higher education institutions in England.

Please complete it for your **current** job in higher education.

Please read each question carefully, but give your immediate response by ticking the box which best matches your personal view.

Who will see my answers?

The survey is being conducted as part of my Doctorate in Business Administration (Higher Education Management). Your answers will be treated in confidence. I will be the only person who will know which individual gave which answers. The anonymous survey findings will be analysed by me and the results presented in a form in which no individuals answers can be identified.

Please return this questionnaire in the stamped-addressed envelope attached. Should you have any queries, please contact me on 01227 782713 or on m.e.helm@canterbury.ac.uk

Please return this questionnaire to:

Moir Helm
Allied Health Professions Department
Canterbury Christ Church University College
c/o 11 Henry Court
Gordon Road
Canterbury
CT1 3PL

Thank you in advance for your participation.

Adapted from the NHS National Staff Survey (CHI, 2003)

WORK-LIFE BALANCE**1. Working Hours**

- a. How many hours a week are you contracted to work? (hrs or fte)
- b. On average, how many additional hours do you work per week over and above your contracted hours?
- 1 ☐ 0 hours per week 5 ☐ 16-20 hours per week
- 2 ☐ 1-5 hours per week 6 ☐ 21-25 hours per week
- 3 ☐ 6-10 hours per week 7 ☐ More than 25 hours per week
- 4 ☐ 11-15 hours per week

2. Do you agree with the following statements?

I work more than my contracted hours...		Yes	No
a.	...because it is necessary to meet deadlines.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	...because it is necessary to get ahead in my career.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	...because it is expected by my manager.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d.	...because it is expected by my colleagues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e.	...because I enjoy my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f.	...because it is impossible to do my job if I don't.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g.	...because I want to provide the best experience for students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h.	...because I don't want to let down the people I work with.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

3. To what extent do you agree with the following?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. My institution is committed to helping staff balance their work and home life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My immediate manager helps me find a good work-life balance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I can approach my manager to talk openly about flexible working.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Appendix 9 Letter to Questionnaire Participants and Final Questionnaire

4. Which of the following flexible working options does your employer offer?		Yes	No	Don't know
a.	Flexi-time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	Working reduced hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	Working from home in normal working hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	Working to annual, rather than weekly hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
e.	Teams making their own decisions about duties	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
f.	Job sharing (sharing a full-time job with someone else)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
g.	Career breaks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
h.	Study leave	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
i.	Development leave	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
j.	Flexible retirement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

5. Accessing flexible working options

- a. Have you requested any of the flexible working options listed in the previous question?
₁ ☐ Yes ₂ ☐ No *If YES, please answer Question 5b; if, NO, please go to Question 6*
- b. (If yes): did your employer grant your request?
₁ ☐ Yes ₂ ☐ Yes, partially ₃ ☐ No

6. Which of the following care options does your employer offer?		Yes	No	Don't know
a.	Access to childcare coordinator.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	Provision of subsidised childcare.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	Provision of childcare vouchers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	Other childcare support.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
e.	Support for carers of other dependants.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

7. How long does it take you to travel to work?

- a. ₁ ☐ Less than 15 minutes ₃ ☐ 31 to 45 minutes ₅ ☐ More than an hour
 ₂ ☐ 15 to 30 minutes ₄ ☐ 46 minutes to an hour
- b. Are you required to work across more than one campus/site? Yes ☐ ₁ No ☐ ₂
- If YES please answer Question 7c. If NO, please go to Question 8*
- c. Approximately how much time do you spend travelling between campus/sites during a typical term time week?
- ₁ ☐ Less than an hour ₃ ☐ Two to three hours ₅ ☐ Four to five hours
 ₂ ☐ One to two hours ₄ ☐ Three to four hours ₆ ☐ More than five hours

APPRAISAL

8. Appraisals

Yes

No

- a. Have you had an appraisal or individual performance review in the last 12 months? ☐ ₁ ☐ ₂
If NO, go to Question 9; if YES, answer questions b to d below
(If yes)
- b. Was your appraisal or performance review useful in helping you improve how you do your job? ☐ ₁ ☐ ₂
- c. Did you and your manager agree clear objectives for your work and training and development during the appraisal or performance review? ☐ ₁ ☐ ₂
- d. Did the appraisal or performance review leave you feeling your work is valued by your employer? ☐ ₁ ☐ ₂

TRAINING, LEARNING AND DEVELOPMENT

9. In the past 12 months, about how many days have you had to pursue your own scholarly/research activities (Other than as part of taught courses)?

- ₁ ☐ none ₄ ☐ 3-5 days ₇ ☐ 20 days or more
 ₂ ☐ less than a day ₅ ☐ 6-9 days
 ₃ ☐ 1-2 days ₆ ☐ 10-19 days

10. In the past 12 months, about how many days have you spent attending external workshops or conferences?

- | | | |
|--|---------------------------------------|--|
| 1 <input type="checkbox"/> none | 4 <input type="checkbox"/> 3-5 days | 7 <input type="checkbox"/> 20 days or more |
| 2 <input type="checkbox"/> less than a day | 5 <input type="checkbox"/> 6-9 days | |
| 3 <input type="checkbox"/> 1-2 days | 6 <input type="checkbox"/> 10-19 days | |

11. In the past 12 months, about how many days teaching, instruction, tuition or supervised study have you received as part of **taught courses** provided or paid for by your employer?

- | | | |
|--|---------------------------------------|--|
| 1 <input type="checkbox"/> none | 4 <input type="checkbox"/> 3-5 days | 7 <input type="checkbox"/> 20 days or more |
| 2 <input type="checkbox"/> less than a day | 5 <input type="checkbox"/> 6-9 days | |
| 3 <input type="checkbox"/> 1-2 days | 6 <input type="checkbox"/> 10-19 days | |

12. Thinking of any training and development you have received in the past 12 months from your employer, which of the following methods have been used?

Please tick all that apply

- | | | |
|----|---|----------------------------|
| a. | Any supervised on-the-job training | <input type="checkbox"/> 1 |
| b. | Secondment | <input type="checkbox"/> 2 |
| c. | Mentoring | <input type="checkbox"/> 3 |
| d. | Shadowing (Internal or external) | <input type="checkbox"/> 4 |
| e. | E-learning/Online training | <input type="checkbox"/> 5 |
| f. | Clinical experience | <input type="checkbox"/> 6 |
| g. | Diversity awareness training | <input type="checkbox"/> 7 |
| h. | Other methods of training or learning | <input type="checkbox"/> 8 |
| i. | No training or development received in past 12 months | <input type="checkbox"/> 9 |

13. Have you experienced any of the following difficulties obtaining training from your employer?

Please tick all that apply

- | | | |
|----|---|----------------------------|
| a. | Available training but at inconvenient times | <input type="checkbox"/> 1 |
| b. | Available training but at inconvenient places | <input type="checkbox"/> 2 |
| c. | Difficulty getting cover for my work | <input type="checkbox"/> 3 |
| d. | Difficulty taking time off work | <input type="checkbox"/> 4 |
| e. | Difficulty finding time for personal reasons | <input type="checkbox"/> 5 |
| f. | Lack of funding | <input type="checkbox"/> 6 |
| g. | No training offered to me | <input type="checkbox"/> 7 |
| h. | Other difficulty | <input type="checkbox"/> 8 |

(Please write in the space below what this difficulty was)

:

- | | | |
|----|----------------------------|----------------------------|
| i. | None of these difficulties | <input type="checkbox"/> 9 |
|----|----------------------------|----------------------------|

14. Does your employer have a policy of ensuring 'protected time'?

☐ 1 Yes

☐ 3 No

☐ 9 Don't know

(Protected time is time when staff are not required to perform their normal work duties and there is adequate cover for them, so that they can attend training, learning and development events.)

15. Thinking of any learning, training and development that you have received in the past 12 months (paid for or provided by your employer), do you think it has led to any of the following gains?

Please tick all that apply

- a. My learning, training and development has helped me to do the job better. ☐ 1
- b. It has improved my chances of promotion. ☐ 2
- c. It has helped me stay up-to-date with the job. ☐ 3
- d. It has helped me to stay up-to-date with professional requirements. ☐ 4
- e. It has helped me to stay up-to-date with statutory requirements. ☐ 5
- f. It has led to none of these gains. ☐ 6

Or...

- g. I have not received any learning, training or development in the past year. ☐ 7

TEAM WORKING

16. The following questions are about team working and relate to that group of people you work with most closely.

- a. Which team do you work most closely with:
- b. Does your team have clear objectives? 1 ☐ Yes 2 ☐ No
- c. Do you have to work closely with other team members to achieve the team's objectives? 1 ☐ Yes 2 ☐ No
- d. Does the team meet regularly to discuss its effectiveness and how it could be improved? 1 ☐ Yes 2 ☐ No

Appendix 9 Letter to Questionnaire Participants and Final Questionnaire

YOUR JOB					
17. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I have, clear, planned goals and objectives for my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I often have trouble working out whether I am doing well or poorly in this job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I am involved in deciding on the changes introduced that affect my work area/team/department.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I cannot meet all the conflicting demands on my time at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I have taken on increased responsibilities in my job over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. There are too few staff so I feel overloaded by work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18. How satisfied are you with each of the following areas of your job?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. The recognition I get for good work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The support I get from my immediate manager.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. The freedom I have to choose my own method of working.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The support I get from my work colleagues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The amount of responsibility I am given.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. The sense of achievement I get from my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The opportunities I have to use my abilities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. The career opportunities available to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. The extent to which my employer values my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. The amount of time I have to carry out my work (during contracted hours).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Appendix 9 Letter to Questionnaire Participants and Final Questionnaire

19. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I often think about leaving my current employer.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I will probably look for a new job in the next year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. As soon as I can find another job, I will leave my current employer.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If I leave my current job, I would want to stay in higher education.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I feel my job is secure.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My institution places too much emphasis on...					
a. ...teaching.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. ...research.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. ...administration.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. ...income generation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. ...student support.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. ...clinical work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. ...consultancy work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

MANAGEMENT AND SUPERVISION					
21. To what extent do you agree with the following statements about your line manager/supervisor?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My manager/supervisor...					
a. ...encourages those who work for him/her to work as a team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. ...makes sure that I am clear about what my job is.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. ...can be counted on to help me with a difficult task at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. ...gives me clear feedback on my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. ...asks for my opinion before making decisions that affect my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. ...is supportive in a personal crisis.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. ...deals effectively with absenteeism.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. ...deals effectively with poor quality work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

22. Senior management in my organisation...	Yes	No	Don't know
a. ...set out a clear vision of where the organisation is headed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. ...support new ideas for improving services for students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. ...are focused on meeting students needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. ...build strong, positive relationships with the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. ...build strong, co-operative links with other organisations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
f. ...deal effectively with problems at the workplace.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
g. ...treat employees equitably.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Appendix 9 Letter to Questionnaire Participants and Final Questionnaire

YOUR ORGANISATION					
23. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Managers here try to involve staff in important decisions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Communication between management and staff is effective.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Managers encourage staff to suggest new ideas for improving services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Managers here want staff to be involved in the way the organisation is run.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My employer makes students our top priority.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. As a student, I would be happy to be registered on a programme provided by my organisation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

24. Is your employer committed to equal opportunities for all staff?

₁ ☐ Yes

₂ ☐ No

₉ ☐ Don't know

25. Do you take part in social events held by your institution?

₁ ☐ Yes

₂ ☐ No

PAY AND CONDITIONS					
26. To what extent do you agree with the following?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. In the last few years pay has improved for staff generally.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I think my pay is unfair in comparison with other staff in my organisation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My pay and conditions have improved over the last year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I get fairly rewarded for acquiring new skills and competencies.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

HEALTH AND SAFETY

27. Health and safety training		Yes	No	Don't know
a.	Have you received health and safety training from your employer in the last 12 months?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b.	Do you have access to counselling services at work?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c.	Do you have access to occupational health services at work?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

HARASSMENT, BULLYING AND VIOLENCE

28. In the past 12 months have you experienced physical violence, harassment, bullying or abuse from any of the following?

		Yes	No
a.	Students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Relatives of students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	Manager/supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	Colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	If you have answered yes to any of the above, did you report this physical violence, harassment, bullying or abuse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

29. If an incident of violence, harassment, bullying or abuse occurs, do you know how to report

₁ ☐ Yes

₂ ☐ No

30. Do you agree with the following?

		Yes	No	Don't know
My employer...				
a.	...takes effective action if staff are physically attacked.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
b.	... takes effective action if staff are bullied, harassed or abused.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
c.	...takes effective action if staff are racially harassed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉
d.	...takes effective action if staffs are sexually harassed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉

BACKGROUND DETAILS

I would like to know some of your background details.
This will enable me to compare the views of different groups of staff,
and to determine whether all groups are being treated fairly.

31. About you

a. Gender:

₁ ☐ Male ₂ ☐ Female

b. Age:

₁ ☐ 16-20 ₂ ☐ 21-30 ₃ ☐ 31-40 ₄ ☐ 41-50 ₅ ☐ 51-65 ₆ ☐ 66+

32. What is your ethnic group?

White

- ₀₁ ☐ British
₀₂ ☐ Irish
₀₃ ☐ Other White background

Asian/Asian British

- ₀₈ ☐ Indian
₀₉ ☐ Pakistani
₁₀ ☐ Bangladeshi
₀₄ ☐ Other Asian background

Mixed

- ₁₂ ☐ White and Black Caribbean
₁₃ ☐ White and Black African
₁₄ ☐ White and Asian
₁₁ ☐ Any other mixed background

Black/Black British

- ₀₅ ☐ Caribbean
₀₆ ☐ African
₀₇ ☐ Any other Black background

Chinese or other ethnic group

- ₁₅ ☐ Chinese
₁₆ ☐ Other

(please state) :

33. Do you have dependants living with you?

1 ☐ Yes 2 ☐ No

If YES, in which of the following categories do you have dependants? Please tick all that apply.

- | | | |
|----|---|----------------------------|
| a. | Children less than 5 years old living with you | <input type="checkbox"/> 1 |
| b. | Children between 5 and 18 years old living with you | <input type="checkbox"/> 2 |
| c. | Elderly dependants living with you | <input type="checkbox"/> 3 |
| d. | Disabled dependants living with you | <input type="checkbox"/> 4 |

34. Do you have a disability?

1 ☐ Yes 2 ☐ No

35. Which of the following describes your employment?

(Please tick as many boxes as apply to you).

- | | | |
|----|---|----------------------------|
| a. | Permanent | <input type="checkbox"/> 1 |
| b. | Under contract for a fixed period or task | <input type="checkbox"/> 2 |
| c. | Seconded | <input type="checkbox"/> 3 |
| d. | Locum | <input type="checkbox"/> 4 |

36. What is your discipline?

- | | |
|---|---|
| 01 <input type="checkbox"/> Art therapist | 07 <input type="checkbox"/> Orthotist |
| 02 <input type="checkbox"/> Chiropodist | 08 <input type="checkbox"/> Paramedic |
| 03 <input type="checkbox"/> Clinical scientist | 09 <input type="checkbox"/> Physiotherapist |
| 04 <input type="checkbox"/> Dietician | 10 <input type="checkbox"/> Prosthetist and Orthotist |
| 05 <input type="checkbox"/> Medical Laboratory Technician | 11 <input type="checkbox"/> Radiographer |
| 06 <input type="checkbox"/> Occupational Therapist | 12 <input type="checkbox"/> Speech and Language Therapist |
| | 13 <input type="checkbox"/> Other |

(please specify) :

:

Appendix 9 Letter to Questionnaire Participants and Final Questionnaire

37. What qualifications do you hold?

	Qualifications	Title of Award	Year of Award
a.	<input type="checkbox"/> Diploma	:	:
1			
b.	<input type="checkbox"/> Degree	:	:
2			
c.	<input type="checkbox"/> Degree with Honours	:	:
3			
e.	<input type="checkbox"/> Masters	:	:
4			
f.	<input type="checkbox"/> Doctorate	:	:
5			
g.	<input type="checkbox"/> Teaching qualification	:	:
6			
h.	<input type="checkbox"/> Other (please specify)	:	:
7			

38. What is your job title?

01 <input type="checkbox"/> Lecturer	06 <input type="checkbox"/> Professional Lead
02 <input type="checkbox"/> Senior Lecturer	07 <input type="checkbox"/> Head of Department/School
03 <input type="checkbox"/> Principal Lecturer	08 <input type="checkbox"/> Assistant Dean
04 <input type="checkbox"/> Fellow	09 <input type="checkbox"/> Dean
05 <input type="checkbox"/> Reader	10 <input type="checkbox"/> Other
(please specify) :	

39. Do you manage others within your organisation?

1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
--------------------------------	-------------------------------

40. For how many years have you worked in this organisation?

1 <input type="checkbox"/> Less than 1 year	3 <input type="checkbox"/> 3-5 years	5 <input type="checkbox"/> 11-15 years
2 <input type="checkbox"/> 1-2 years	4 <input type="checkbox"/> 6-10 years	6 <input type="checkbox"/> More than 15 years

41. If you have any additional comments, please write these below,

:

Thank you for your time and effort in completing the questionnaire.

This questionnaire has been adapted from the NHS National Staff Survey (CHI, 2003)

Focus Group Request

Would you be prepared to participate in a focus group at your institution to further explore the employment relationships?

Yes ☐ 1

No ☐

Appendix 10 1st Reminder Letter

Dear Colleagues,

RE: SURVEY ON EMPLOYMENT RELATIONSHIP

I sent you a questionnaire about two weeks ago seeking your opinions about your work and your relationship with your organisation.

If you have returned the questionnaire, please accept my sincere thanks, and I apologise for this reminder.

If you have yet to complete the questionnaire, please could you do so as soon as possible and return it to me at your earliest convenience.

I would like to reassure you that anonymity is guaranteed, and any report on the survey will be written in such a way that no individual's answers can be identified.

Many thanks for your participation.

Yours sincerely

Moiria Helm

Adapted from the NHS National Staff Survey (CHI, 2003)

Appendix 11 2nd Reminder Letter

Dear Colleagues,

RE: SURVEY ON EMPLOYMENT RELATIONSHIP

About four weeks ago, I sent you a questionnaire about your experience of work in your institution. Many staff have already completed and returned this questionnaire, and if you have done so, please accept my sincere thanks.

If you have not yet returned your questionnaire, I am writing again because of the importance that your questionnaire has for helping me to get accurate results. I enclose another questionnaire and stamped-addressed envelope in case you have misplaced the original one.

I would like to reassure you that anonymity is guaranteed, and any report on the survey will be written in such a way that no individual's answers can be identified.

Many thanks in anticipation for your help.

Yours sincerely

Moiria Helm

Adapted from the NHS National Staff Survey (CHI, 2003)

Appendix 12 Focus Group Schedule

Focus Group Schedule

Thank you for agreeing to participate in the survey.

- Confidential, anonymous
- DBA (UofBath)
- Survey
 - Questionnaire based on NHS National Survey
 - Focus groups with academic staff
 - Interviews with managers
- 4 HEIs offering UG AHP programmes
 - UC
 - Traditional
 - Modern
- My background
 - Clinical to HE

I have done some initial analysis of the results and they reflect some positive and negative views. I would like to explore some of these with you.

___% of respondents had accessed some form of learning, training and development, similar to the ___% in the NHS Staff Survey.

Is this what you'd expect?

Could you tell me how you feel about the learning, training and development opportunities you have available to you?

Work-life balance was an issue for some respondents.

Why do you think this is?

What is your view on work-life balance?

The majority of respondents felt too much emphasis was placed on _____.

Do you share this view?

Where do you feel the emphasis should be placed in your job?

Respondents had mixed views on the management and leadership of your institution.

Could you share your views of management and leadership here?

Is your institution unique in any way?

Do you think any changes should be made to how the institution is managed?

Do you enjoy working here?

Any other comments? Thank you.

Appendix 13 Interview Schedule

Interview Schedule Managers

Thank you for agreeing to participate in the survey.

- Confidential, anonymous
- DBA (UofBath)
- Survey
 - Questionnaire based on NHS National Survey
 - Focus groups with academic staff
 - Interviews with managers
- 4 HEIs offering UG AHP programmes
 - UC
 - Traditional
 - Modern
- My background
 - Clinical to HE

Tell me a little about working at ___?

Do you face any particular challenges at ___?

What is the staffing position in your ___?

Staff:student ratio

Vacancies

ease of filling posts

location present any challenges/advantages

Retention/turnover

What is the ___ 's approach to scholarly activity and CPD for staff?

Professional body/statutory body

Clinical

How is staff performance monitored and managed?

What is considered good performance?

How is work allocated?

Acknowledging not everyone is good at everything

What are the priorities?

What can be done to help staff achieve work-life balance?

Do you feel you are constrained or supported by senior management at the ___?

Do you feel that senior management recognise the uniqueness of professional education and the professional and statutory body requirements?

Do you feel you have a 'voice' in the faculty/institution?

Do you feel the government - either through the NHS and workforce development directorates or HEFCE is providing you with opportunities or imposing constraints on your work?

Do you enjoy your work?

Any other comments?

THANK YOU

Appendix 14 Letter to Deans Requesting Assistance and Participation

Name

Dear Sirs,

RE: A SURVEY OF ALLIED HEALTH PROFESSIONALS EMPLOYED BY HIGHER EDUCATION INSTITUTIONS IN ENGLAND: THE EMPLOYMENT RELATIONSHIP

I am making contact in the hope that you will be prepared to assist me with this survey. I am undertaking the survey as part of a Doctorate in Business Administration (Higher Education Management) at the University of Bath.

The survey is an expanded and slightly adapted version of the NHS National Staff Survey (CHI, 2003) Questionnaire. The survey explored employee's views of work and their relationship with the organisation in which they work. With the ever-increasing demands made on health educators this work may be relevant to both staff, other managers and the organisation.

Participants who have completed the questionnaire will be invited to participate in telephonic interview and/or focus groups with me. The focus groups will also be used to give some initial feedback on the findings from the questionnaires.

Participation in the survey will be entirely voluntary. Answers will be treated in confidence. I will be the only person able to know who has responded. The anonymous survey findings will be presented in a way in which no individual participant can be identified.

I would request your assistance on two levels. On one level I need help to distribute the questionnaire to allied health professional staff employed at your institution. I would also welcome an opportunity to canvass your views during a telephonic interview.

I very much hope you will agree to participate. If you are willing to participate I am happy to be flexible in how we proceed. I would be prepared to visit you at your workplace at a time that suits you, to discuss the survey and possibly distribute the questionnaire. Alternatively we could communicate telephonically or in writing or via email.

My contact details at work are:

Mrs Moira Helm
Allied Health Professions Department
Canterbury Christ Church University College
North Holmes Road
Canterbury
Kent CT1 1QU
Tel: 01227 782713
Fax : 01227 451739
Email : m.e.helm@canterbury.ac.uk

Thank you, I hope to hear from you.

Yours sincerely

Moira Helm